University of Alberta

Promoting Healthy Weights for Children and Adolescents:

A Critical Review of Alberta Programs

By

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Abstract

The increasingly "toxic" environment related to food and weight has developed alongside increasing rates of obesity and eating disorders. The purpose of this project was to critically examine current obesity and eating disorder prevention programs in Alberta and to determine the role of girl-based programs in prevention. Data were collected from a document review, four program interviews, three sets of volunteer participation and a focus group. Findings suggest that prevention strengths lie in creating opportunities for youth that target individual, social and environmental factors, embracing the power of role modeling and valuing female group dynamics. Findings also indicate the need for continued focus on evaluation measures and outcome data, prioritizing its necessity and tackling the various limitations and barriers. Through varying conceptualizations of 'health', the findings suggest that an integration of both an obesity and size acceptance perspective is key for effective future programming.

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Chapter 1: Introduction

As a twenty-eight year old graduate student, I find myself at a point in my life where I am only beginning to speak from my own voice. Through a journey of self-discovery and consciousness-raising, I am overwhelmed at the degree to which my life has been influenced by socio-cultural demands, defined gender roles, and the narrow definition of beauty prevailing in western culture. Based upon these new insights, the feminist literature I have immersed myself in, and the slow process of emotional healing that I have committed myself to, I am learning to live everyday with love and acceptance of my body and myself. I am learning to guide my life based upon inner feelings and intuition, exploring my potential by speaking from my truth and experiences, and challenging the societal standards around me. Realizing the impact culture has on our bodies and selves, I aim to fight back with intelligent resistance.

I have realized that for too long I have lived my life without truly knowing what I really wanted, allowing myself to "settle" in my relationships, invariably preoccupied with my weight. This realization did not happen overnight; there were a series of "light bulb" moments, when I finally became aware of the negative patterns I kept repeating in my life. This cycle consisted of negative thoughts about my weight, dieting, attention (positive and negative) I received based upon my appearance, a constant need to please others at the expense of my own desires (which I did not acknowledge in the first place), and maintaining inauthentic relationships. Through self-knowledge and awareness, I am learning to value and trust my relationship with my body.

The topic chosen for my Masters thesis project is, in effect, based upon the passion I feel toward my personal empowerment process and upon my desire to use my

voice and experiences as a starting point for enabling other women to realize their own truth. In effect, I wanted to take a social action stance in living what I believe, sharing my personal experiences and views, and hopefully, through my thesis, creating awareness of how feminist thought and its relation to body image has a place within a broader scale of prevention. Ideally I yearn for an enlightenment to take place in our society, in which people are able to live their lives to the fullest, accepting themselves and others irrespective of their weight, while eating and moving for the sheer pleasure of it.

Through my thesis I aim to explore the current prevention efforts taken in Alberta toward eating disorder prevention, obesity prevention, and girl-based, consciousness-raising programs, with a goal to provide a matrix of information to connect eating disturbances, body image, female development, and self-esteem as an approach of prevention for eating disorders and obesity. Through my research, I have the unique opportunity to discuss and collaborate with program coordinators and youth on issues involving the relationship between food, eating, physical activity and body image. As a woman and a proud feminist, I chose to start from my own experiences growing up as a female, thereby framing a component of this study on the struggles of young girls. Specifically, I believed in the value of providing an evidence base for programs that build upon the capacities of young women, and in effect, create protective factors for eating problems.

Honestly speaking, I feel apprehensive for young women coming up after me in this society, I am angry at society for the disservice it continues to do to women, as well as the stigma associated with fat, and I feel an intense need to do something constructive about it. I aim to critically examine the perspectives behind current prevention efforts for

both eating disorders and obesity, to provide a map of what is out there and the intended results. I believe that investing time and resources into determining effective prevention programs, differentiating between targeted age levels, approaches to prevention, and emerging challenges, is imperative if we hoped to see today's youth develop into healthy and self-assured adults.

1.1 Purpose of Study

An integrated approach to the prevention of obesity and eating disorders suggests that programming be comprehensive to a broad spectrum of weight issues, recognizing the overlap of risk and protective factors (Irving & Neumark-Sztainer, 1999). At one end of the spectrum, excessive weight preoccupation and unhealthy dieting has contributed to a variety of physical, physiological and psychological consequences (Neumark-Sztainer, 1995), with many children growing up with a desperate fear of becoming overweight (Berg, 1997, as cited in Cogan & Ernsberger, 1999). At the other end, obesity prevalence has also dramatically increased among children and adolescents, with an ecological perspective recognizing the behavioral, environmental and social determinants involved. Primary prevention strategies targeting the range of eating disturbances have been largely implemented in school-based settings, by means of enhancing healthy eating and physical activity in children and adolescents (Story, 1999).

This research study aims to add knowledge and support to future prevention efforts for eating disorders and obesity, by conducting an environmental scan of current prevention programs implemented in Alberta. The central aim of this research project is to establish a baseline assessment of the concepts, procedures, strengths, weaknesses and limitations of current programs in Alberta, for the purpose of contributing to the

promotion of healthy weights for children and adolescents. The identified programs are critically examined to assess the quality and effectiveness of their approach and their relation to perspectives of health promotion and an ecological framework. Through an evaluation of these programs, an additional goal is to explore the links between perspectives taken by girl-based programs and the field of prevention.

The study challenges existing perspectives on prevention, framing the issue of eating disturbances, obesity and body image dissatisfaction in a way that describes the varied approaches used in Alberta, illustrating how these perspectives translate into future prevention efforts. A framework for analysis was adapted from the Alberta Health and Wellness, *Health Promotion Evaluation Framework* (Thurston et al., 1999) and used to assess the identified prevention programs. The programs were analyzed on the basis of their health promotion strategies, the determinants of health they address, ecological levels of influence, youth participation and empowerment, current knowledge, community capacity, evaluation data, effectiveness, and lessons learned. In documenting the range of prevention efforts from eating disorders to obesity, this study accounts for the various perspectives on prevention, in an attempt to learn from past initiatives and to explore where future efforts are needed. This research also continues the process of developing collaborative relationships across weight-related disciplines and programs, supporting the perspective taken by the integrated approach for the prevention of eating disorders and obesity.

The rationale behind this research stresses the need to continue efforts at addressing the effective prevention of eating disturbances. The study is based under a larger research project focused on the *Promotion of Optimal Weights through Ecological*

Research (POWER) and specifically toward one component of this research, a future school-based obesity prevention intervention. Overall, I hope to make a contribution to a field that enables young people to develop into confident adolescents and adults, able to counteract the negative and often times superficial realities all around them, and free from eating disturbances.

With an interest originating from a focus on women's issues and how they relate to prevention and body image concerns, the research questions highlight both a critical analysis and an exploratory component. Research questions #1 and #2 address the general prevention field in Alberta, assessing the programs available for Alberta youth. Question #3, however, enabled me to focus a portion of my research on the role of gender in prevention. This question was formulated based on my own lived experiences as a woman and my belief that prevention efforts need to be tailored to the learning styles and specific concerns and realities of each gender.

1.2 Research Questions Addressed

1.) **What are the concepts, procedures, strengths, weaknesses and limitations behind the current prevention programs focused on eating disorders, obesity, healthy body weights and/or body image in Alberta?**

Objectives:

a) To identify all programs currently implemented in Alberta pertaining to issues of eating disorder and/or obesity prevention and specific girl-based programs

b) To obtain information on the conceptual structure of the identified programs and to describe each program's goals, procedures, strengths, weaknesses and limitations

c) To explore varying perspectives on prevention programming and child/adolescent development.

d) To critically assess the identified programs based on an evaluation framework for health promotion characteristics (health promotion strategies, determinants of health, and ecological levels of influence).

2.) **What is the current evaluation of effectiveness for the identified programs?**

Objectives:

a) To obtain existing evaluation data for the various prevention programs identified in Question #1

b) To critically assess the evidence provided to identify the strengths, weaknesses and limitations of the programs, based on an evaluation framework to assess evaluation processes, effectiveness and lessons learned

c) For those programs without formal evaluations, to assess participants/providers' perspectives of effectiveness

3.) **Does the participatory approach to prevention observed in size acceptance and self-esteem interventions have a "fit" within a future school-based eating disorder/obesity prevention framework?**

Objectives:

a) To provide evidence to either support or refute girl-based programs' potential contributions to mainstream prevention efforts for eating disorders and obesity

Chapter 2: Review of the Literature

2.1 Integrating Eating Disorders and Obesity Prevention

The literature has shown a parallel increase in both obesity and the prevalence of eating disorders and unhealthy weight loss practices. The increasingly "toxic" environment related to food and weight has developed alongside increases in rates of obesity and eating disorders. The bombardment of societal values celebrating thinness and beauty, stigmatizing fat, publicizing unregulated consumption of food, while promoting a range of weight loss propaganda, send mixed messages to children and adolescents. The overwhelming increase in weight-related problems points to the impact of environmental factors that transcend above and beyond individual biology (Irving & Neumark-Sztainer, 2002).

> Given the high prevalence of eating disturbances, the broad range of young people affected, their short-term and long-term health consequences, their resistance to treatment, and their cost, (both financial and in human suffering), there is clear justification for increasing attention to the primary prevention of these disorders (Rosen & Neumark-Sztainer, 1998, p. 354).

The question remains then as to why obesity and eating disorder prevention are considered distinct problems, with very separate and different approaches to prevention and treatment. It is suggested that eating disorders, obesity and unhealthy weight loss are all "part of a spectrum of food- and weight-related problems that are symptoms of a toxic cultural context that inhibits the development of healthy patterns of eating and physical activity and discourages a healthy respect for diverse body weights and shapes" (Irving & Newmark-Sztainer, 2002, p. 300). According to Neumark-Sztainer (1996), this spectrum

of problems falls under the term "eating disturbances". This term includes eating disorders, engagement in anorexic and bulimic behaviors, unhealthy dieting, unhealthy eating behaviors, and obesity. Under this terminology, "eating disturbances" allows for a wider spectrum of health issues to be addressed under prevention programming. Considering that all eating disturbances and weight-related problems create risks to individuals' mental and physical health, it is important to develop prevention programming that is comprehensive to a broad spectrum of weight issues (Neumark-Sztainer, 2003).

Eating disorder prevention programs tend to focus on reducing self-consciousness regarding eating and to prevent diet-related behaviors, while obesity prevention programs tend to focus on monitoring and limiting the content and amount of foods consumed with the goal of losing body weight. Eating disorder prevention's focus on the promotion of size acceptance and the rejection of a thin ideal body type often times overlooks issues of obesity. While the field of eating disorders prevention views health as more than an individual's weight, it is also important to consider the increasing number of people who are unhealthily overweight and the health risks linked to obesity (Neumark-Sztainer, 2003). A key concern is that both fields may be disregarding the reality of overweight youth who are engaging in unhealthy behaviors to lose weight; these children are falling through the cracks (Neumark-Sztainer, 2004). Despite debates between whether the health risks are attributable mainly to being overweight, are due to unhealthy lifestyles, or to our social environment, the solutions for both weight-related problems are similar; promoting healthy, balanced eating and physical activity (Neumark-Sztainer, 2003).

This integrated prevention approach takes into consideration the overlap between the conditions of eating disturbances and the potentially harmful consequences of addressing one eating problem over the other, while addressing the practical needs of limited time and resources for program implementation and evaluation (Irving & Neumark-Sztainer, 1999). It is easy to see the public's confusion in the conflicting messages that are presented to them, and how credibility can be lost. While various health agencies are encouraging reduced fat intake, decreased portion size, and increased physical activity, eating disorder prevention specialists are promoting the message of size acceptance, genetically predetermined body weight, and the avoidance of food restricting behaviors. Caution is required to avoid both unintentionally promoting excessive weight concerns and disregarding the health implications of obesity (Neumark-Sztainer, 2003).

Both eating disorders and obesity are associated with body dissatisfaction, unhealthy dieting and disordered eating behaviors. The approach acknowledges that current prevention programs for eating disorders and obesity have focused on different approaches to body weight issues and eating behaviors, yet argues that there are shared personal and socio-environmental factors common to both. Prevention interventions need to consider the entire range of weight-related concerns, behaviors, and conditions. The integrated approach targets both personal level change and socio-environmental change. Therefore, programs that aim to prevent eating disorders and obesity must address multiple levels of related factors (individual and socio-environmental) and do so through an integrated approach (Irving & Neumark-Sztainer, 2002).

Personal risk factors associated with the development and maintenance of eating disturbances can be broken down into developmental, cognitive/affective, and

psychological factors (Rosen & Neumark-Sztainer, 1998). These include, but are not limited to, body image, weight and shape preoccupation, overvaluation of the thin ideal of beauty, self-esteem, management of stress, self-efficacy to make healthy choices, and knowledge of nutrition, physical activity, and pubertal development. A number of strategies to address these factors have been identified to include media literacy interventions (to reduce the media's influence over youth), cognitive-behavioral strategies (to challenge critical self-talk) and interventions aimed at empowerment, assertiveness and healthy coping strategies (Irving & Neumark-Sztainer, 2002).

However, without acknowledging the influence of our environment and where lifestyles are actually lived, a sole focus on individual lifestyle change will reinforce an approach that blames the victim (Germov & Williams, 1996). Socio-environmental risk factors linked to a healthy lifestyle are typically divided into socio-cultural norms, familial/peer norms and behaviors, weight teasing and weight stigmatization, media influences, parenting practices and food availability (Rosen & Neumark-Sztainer, 1998). Their interactions can either promote or act as a barrier to each other. As summarized by Paxton (2002, p.23), "The greater the change in the wider school, family and social environment in body image attitudes, the more changes made by individuals are likely to be supported and maintained".

It is considered extremely important that integrated prevention efforts incorporate parental involvement into their programs. Parental involvement serves to both educate parents on general parenting techniques and specifically on healthy eating, physical activity and other relevant youth issues. Despite its importance, attaining parental interest and involvement in primary prevention efforts remains a challenge for such

interventions (Paxton, 2002). Consideration is needed to ensure suggestions are realistic and respectful of the parental role (Irving & Neumark-Sztainer, 2002). Peer influence should also be targeted through strategies aimed to discourage unhealthy eating, weight-based teasing, discrimination within various social contexts (i.e. school, athletic sports, clubs), as well as through strategies aimed to resist negative peer related pressures (Paxton, 2002).

In the context of the media's influence upon eating and weight related issues, it is important for programs to encourage youth to develop a critical eye toward these negative messages and create dialogue on the association between media and various unhealthy eating behaviors and attitudes. A social action component should be incorporated in programming, for youth to become active participants in affecting positive change in their social environment. This should also include diversity education strategies to encourage acceptance and respect among youth's cultural, physical, and religious differences (Irving & Neumark-Sztainer, 2002).

Limitations to the integrated approach of prevention center on issues of practicality, philosophical differences and economic challenges. The argument regarding the gendered aspect of eating disorders and the medical condition of obesity can be addressed by the fact that the integrated approach focuses on primary prevention in asymptomatic individuals. There are certain circumstances whereby elements of the integrated approach could be used to design interventions at both secondary and tertiary prevention, although the goals may be different according to the distinct eating problem. Philosophical differences within the two fields create barriers to the integrated approach, with a medical/behavioral approach towards obesity versus a psychological/social

approach toward eating disorders. Issues to be addressed at this stage include the differing concepts regarding "dieting" and body dissatisfaction.

> To be accepted by the fields of both eating disorders and obesity, an integrated approach to prevention would need to balance the importance of healthy lifestyle habits that includes a healthy, balanced diet with lifelong physical activity and an acceptance of the diversity of the human body, including its height, weight and shape (Irving & Neumark-Sztainer, 2002, p.307).

In addition, very little is known about the protective factors that are at play with eating disturbances. The literature is lacking in evidence of which factors may increase a youth's resiliency to the development and progression of eating disturbances. Therefore, this remains a challenge for prevention programs, to design theoretically sound programs that take into consideration the predominant predisposing and protective factors and their interactions, as well as the various intervention settings, age, gender, environment and culture (Rosen & Neumark-Sztainer, 1998).

The largest challenge to an integrated approach is the very political nature of the work. This arises from using an approach that challenges social norms, the cultural context in which we live and the large economic interests that have a stake in the game of weight gain and weight loss. To rise above these barriers to change, it is also important for each person to recognize their role in participating in and perpetuating a negative and destructive environment around issues of food and weight, challenging personal and cultural beliefs, and taking a stand against societal norms (Irving & Neumark-Sztainer, 2002). It is also of key importance to regard primary prevention of eating disturbances as occurring at many integrated levels. These levels include: individual counseling, small

group work, classroom-based educational programs, comprehensive school-based programs, school-based programs with community outreach, integrated community-wide programs, comprehensive national policies and programs or efforts to change societal norms (Rosen & Neumark-Sztainer, 1998).

In addition to the challenges of conflicting goals and messages, the use of different languages, and the minimal opportunities for open discussion between the two fields, there also remain many unanswered questions regarding this type of prevention approach (Neumark-Sztainer, 2003), such as:

- What age level should be targeted?
- Who should be targeted (regarding gender)?
- Where should the prevention program occur?
- What types of approaches should be used?
- What are the shared risk factors for the onset of obesity and eating disorders that can base the development of integrated programming?
- What is the effectiveness of integrated interventions?
- Can the two fields simultaneously work together?
- Are the goals for eating disorder and obesity prevention compatible or complimentary?

To reach a solution, both fields of eating disorders prevention and obesity prevention need to recognize the similarities in their goals, identify shared protective and risk factors, search for a language that works across both fields, and open lines of communication with professionals from varying fields (Neumark-Sztainer, 2004).

2.2. The Role of Health Promotion Principles

The integrated approach for the prevention of eating disorders and obesity has a direct and powerful correlation to the field of Health Promotion, and more specifically, the Ottawa Charter for Health Promotion and the ecological approach. Through an emphasis on both personal and socio-environmental change, the integrated approach to prevention highlights the importance of addressing multiple levels of change, valuing

health as physical, mental and social well-being, enhancing levels of self-actualization, and placing health as a social responsibility. The integrated approach discussed in the preceding section demonstrates a clear link to a health promotion perspective on prevention, and moves beyond an individually focused, disease prevention, behavioral approach to health.

Health promotion is the "process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health" (Epp, 1986). Health promotion focuses on enhancing people's capacities, provides support for a holistic approach to health, is committed to empowerment, uses knowledge from various disciplines, and takes a social justice stance to issues of inequity (CPHA, 1996). The field is based on an understanding of underlying health determinants, defined as "the range of personal, social, economic, and environmental factors which determine the health status of individuals or populations" (WHO, 1998, p.6).

The Ottawa Charter (WHO, 1986) calls attention to five strategies to enhance health through health promotion programming, which include healthy public policy, supportive environments, community action, personal skills, and health services. Viewed in this context, health promotion places health on policy makers' agendas, enabling them to accept responsibility for their decisions and potential health consequences. It acknowledges the powerful link between people and their environments through a socio-ecological approach to health, while promoting the empowerment of communities. Health promotion ultimately stresses that the responsibility for health must be shared among an integrated group of individuals, community groups, health professionals, health services and governments (CPHA, 1996).

The ecological approach to prevention programming can be illustrated in the proverb "it takes a village to raise a child". It implies that the "individual is embedded in and influenced and supported or neglected by numerous systems of groups" (Wandersman et al., 1996, p.299). An emphasis placed on multiple interventions at multiple levels highlights the severity and complexity of health issues, recognizing that the root causes exist in larger social, cultural and economic structures (Wandersman et al., 1996). The Ottawa Charter for Health Promotion and the Health For All framework advocate health promotion action that "goes beyond the development of individual skills to include work on many facets of people's environment: health and community services, interpersonal environment, and public policy" (Green, Richard, & Potvin, 1999, p.276).

The integrated approach for the prevention of eating disorders and obesity is based on five levels of influence from the ecological model, including individual characteristics, familial and peer influences, school and other institutional factors, community factors and societal factors. In this manner, the integrated approach emphasizes the complexities found in the many influencing factors associated with weight-related problems, shows the interactions between the factors, and enhances social responsibility (Neumark-Sztainer, 2004).

Attempts to address the social issues of body image and eating disturbances from an individual perspective have been limited. The powerful, counteracting nature of the social environments of daily life suggests a need to broaden approaches. Moving beyond an individual focus enables discussion toward the social context of food and weight (Sobal, 1991, as cited in Germov & Williams, 1996). For instance, intervention programs that aim to increase confidence and self-esteem may not be sufficient to prevent or

reverse negative influences maintained in the family, peer group or social environment. The persistent impact of negative environments may prove stronger than positive gains in individual capacity. In addition, programs and interventions "can only make a difference in social problems if they become embedded deeply in setting and community host environments – this in and of itself requires, and constitutes, environmental transformation" (Maton, 2000, p.29).

The guiding health promotion principle of empowerment also has a role within the integrated approach. Empowerment has been defined as "analyzing ideas about the causes of powerlessness, recognizing systemic oppressive forces, and acting individually and collectively to change the conditions of our lives" (Lather, 1991, as cited in VanderPlaat, 1999, p.776). Power in this sense is viewed as a capacity that can be developed if given the opportunity. Therefore, the role of health promotion programs is to enable and create empowerment opportunities for others to strengthen their skills and resources. Empowerment incorporates "a social-action process that promotes participation of people, organizations, and communities towards the goals of increased individual and community control, political efficacy, improved quality of community life and social justice" (Wallerstein, 1992, p.196).

However, the field of health promotion must be vigilant in the messages it sends out to the public on issues of healthy weights. There is a potential for health promotion to inadvertently reinforce "images" of health when it relies on quantifiable measures of health, such as the Body Mass Index. By focusing on those types of external measures, the field could unintentionally promote practices that are in opposition to the population's overall health and well-being (Burns & Gavey, 2004).

> It is possible that by supporting notions of health as dependent on weight control and slenderness, the promotion of healthy weight inadvertently reinforces and is reinforced by, western society's obsession with the aesthetic of slenderness… (Burns & Gavey, 2004, 551).

Within messages of reducing high fat and high sugar foods in the diet and incorporating daily physical activity, health promotion must also consider that many people are already restricting their food intake and compulsively exercising for reasons that are not related to a holistic view of health, but rather are means to conform to cultural ideals and images of health.

These considerations are important for health promotion practice, so that messages do not reinforce these images of health or legitimize practices that could potentially compromise health and lead to eating disturbances (Burns & Gavey, 2004). Research on women's attitudes toward food illustrates that health issues are ranked below those that involve reaching a certain 'image' (McKie et al., 1993, as cited in Germov & Williams, 1996). With an encouragement of weight loss, messages such as these risk legitimizing our cultural aversion to fat, as well as inadvertently supporting weight stigmatization and the health threats associated with the thinness pursuit (Germov & Williams, 1996). Health promotion needs to continue efforts which focus on improving health irrespective of weight status, integrating a complete understanding of the links between health, weights and dieting, and including emphasis on healthy eating, healthy relationships with food, positive body image, challenging obesity-related stigma, strong self-esteem, and physical activity for health and pleasure (Cogan, 1999).

2.3 Prevention of Eating Disorders and Body Image Dissatisfaction

The 1997 Body Image Survey (Garner, 1997) indicated that the emphasis on external beauty and pressure on women to be thin has been a contributing factor to body image dissatisfaction. The majority of women surveyed (89%) indicated that they were dissatisfied with their overall appearance and a disturbing 70% of "normal" weight adolescent girls felt fat and were using unhealthy eating practices for the purpose of losing weight (Ferron, 1997). The number of diagnosed eating disturbances and eating disorders is increasing, particularly among adolescents (Rosen & Neumark-Sztainer, 1998). Living in a society that places a tremendous importance on appearance provides women with a defined ideal of beauty, sexuality and femininity (Hesse-Biber, 1996) and also creates a discontent empirically linked to lower self-esteem, depression and an increased risk of eating disorders and disturbances (Wolszon, 1998). The bias toward thinness continues to be ever present and deeply ingrained in many facets of society, including student-teacher interactions, athletics, media images, and public policy recommendations (Cogan & Ernsberger, 1999).

Neumark-Sztainer (1995) views excessive weight preoccupation as a public health matter in itself, with excessive and unhealthy dieting contributing to detrimental consequences on physical and psychological health. The potential consequences of so-called "mild" weight-related disorders of body image dissatisfaction and unhealthy weight control behaviors are indeed of public health significance and are associated with the development of both eating disorders and obesity. Both body dissatisfaction and weight control practices are strong predictors for later onset of both clinical eating disorders and obesity (Neumark-Sztainer, 2003). Western culture's obsession with food,

weight, fat and dieting is a prevailing influence that impacts beyond just women with eating disorders, but has a far wider reach into the whole population (Burns & Gavey, 2004). Not only do adults suffer from body hatred, blaming overweight individuals for their weight status, but also children are growing up afraid to eat and desperately afraid of becoming overweight for fear of being teased (Berg, 1997, as cited in Cogan & Ernsberger, 1999).

Body image dissatisfaction is linked to both physical and mental health concerns. Along with extreme dieting, it is connected with depression and invariably low self-esteem in adolescents and adults (Stice & Bearman, 2001, as cited in Paxton, 2002). Research in the field also indicates a link between body image dissatisfaction and disordered eating behaviors (Wertheim et al., 2001, as cited in Paxton, 2002), the development of overweight (Patton et al., 1990, as cited in Paxton, 2002), as well as with physical activity patterns. This dissatisfaction with one's body may result in the avoidance of activity due to self-consciousness (Owen & Bauman, 1992, as cited in Paxton, 2002), which then may lead to unhealthy weight gain.

Ideally, eating disorder prevention programs address both a reduction in risk factors and an increase in the impact of protective factors associated with eating disorders, and should do so at developmentally appropriate age levels (Smolak, Levine, & Schermer, 1998). The majority of evaluated prevention programs for body image dissatisfaction have been focused on individual risk factors such as reducing the importance placed on the thin ideal, as opposed to social/environmental change (Paxton, 2002). Studies have shown that many of the current prevention efforts in curriculum-based programming are seldom effective, citing knowledge changes but not significant

attitude or behavior changes among students. With the limited success of primary prevention efforts aimed at eating problems at the middle and high school level (ages 11-18), there is disturbing growth in body image dissatisfaction, weight preoccupation and weight reducing behaviors among elementary school children (ages 6-11) (Smolak et al., 1998). Smolak et al (1998) state that new programs will require a consideration of factors that are as yet not included in school curriculum programs. These factors include gender role issues, life skills to resist peer pressure, and elements of social change.

Current eating disorder prevention programs in select schools have promoted a "resistance" to culturally transmitted risk factors through information-based strategies (Kater, Rohwer, & Londre, 2002). However, the persistent impact of negative environments may prove stronger than positive gains in individual capacity. Reviews of school-based, eating disorder prevention programs clearly indicate that the content has predominantly focused on individual change, without a similar effort placed on affecting change in the social environment (including staff, coaches, parents or peers). It becomes clear that without enabling change in the student's social environment, prevention efforts may, in fact, place additional stress on the students and therefore, make any interventions inefficient, for individually focused efforts will drown in the bombardment of societal pressure (Piran, 1999).

Recent eating disorder prevention programs have modified their curriculum to include topics that address the stigmatization of fat, positive body esteem, tolerance of diverse body types, encouraging moderation and variety in food intake and exercise, and involving a parental component. This type of curriculum aims to increase knowledge (of issues), and change certain attitudes ('weightism') and behaviors (dieting). As with other

interventions, relative success was found in disseminating knowledge, with limited effect on children's attitudes or behaviors. One program used specific lesson plans disseminated with the typical classroom style teaching approach, provided limited discussion amongst the students, included a mixed gender classroom and did not address issues of gender roles and sexism (Smolak et al, 1998). A promising strategy with the aim to enhance self-esteem within classrooms was evaluated, reporting decreases in body image dissatisfaction and reductions in the importance placed on physical appearance and social acceptability (O'Dea & Abraham, as cited in Paxton, 2002).

A health at any size perspective, which is often times referenced within eating disorder prevention, "promotes alternative ways of dealing with weight and food issues and advocates health and quality of life, rather than slenderness at any cost" (Spark, 2001, p. 69). This approach has foundations in health promotion, viewing health as physical, mental and social well-being, while reducing risks of poor health through not only healthy eating and active living, but also loving bodies as they are. Accepting the diversity of size and shape is promoted over one ideal body size, with emphasis on the interconnectedness of self-esteem and body image (Spark, 2001). There is a rising movement by professionals on both sides of the spectrum of eating disturbances that acknowledges and encourages a greater acceptance of a variety of different body sizes and shapes as healthy (Neumark-Sztainer, 1999).

2.4 Obesity Prevention

On the flip side, the prevalence of obesity and overweight in both adult and child populations is increasing throughout the world and is viewed as a major public health concern. Concern has been raised about the physical and psychosocial impact this is

having on our health (Must & Strauss, 1999), as well as the economic burden on our health care system (Birmingham, Muller, Spinelli, & Anis, 1999). Obesity prevention has become a public health priority, with prevention efforts typically emphasizing behavioral determinants, stressing modifications in both diet and activity pattern (Campbell, Waters, O'Meara, & Summerbell, 2001). The dramatic increase in childhood and adolescent obesity is similar to the powerful increase in type 2 diabetes in youth. In addition to the serious health risks linked to being overweight, overweight children are more likely to become overweight adults. In addition, the messages of our society that exalt thinness and physical appearance place extra pressures on overweight youth, creating increased risks for low self-esteem, poor body image, social stigmatization, and depression (Myers & Rosen, 1999).

While discussion of the link between the causes and consequences of obesity and the promotion of healthy weights is beyond the scope of this literature review, it is recognized that a thorough discussion would be framed within an ecological perspective. An ecological approach for understanding the obesity epidemic occurring in western nations takes into consideration the behavioral, environmental and social determinants of obesity, through analysis at various levels of health promotion initiatives (individual, interpersonal, institutional, community and policy) (Raine, 2004).

Based on a review of obesity prevention strategies, common goals for prevention interventions for school age youth have focused on dietary education and physical activity, with significant variations in intervention approach, target population, and outcome measures (Campbell et al., 2001). There are limited data on which to conclude which combination of strategies have been most effective and most appropriate for

preventing obesity in children, and the distinction between primary and secondary prevention efforts (Campbell et al., 2001).

Primary prevention efforts have targeted all children, independent of their risk factors, and include obesity-specific prevention programs in schools, as well as broad-based cardiovascular prevention programs (Story, 1999). To contribute to the prevention of obesity in school-based settings, three components have been identified: physical education programs (increase physical activity), classroom health education (consuming a lower fat diet), and the school food service (lowering fat in school meals). However, data from the limited number of studies researching school-based obesity prevention interventions shows minimal effects. Reasons cited include the following: small sample sizes, incomplete data, insufficient statistical power to detect effect, insufficient time to produce changes in behavior or body fat, and the limits of knowledge-based dissemination (Story, 1999).

Public health messages of obesity prevention are based on the rise of obesity prevalence and obesity's associated health risks. However, the messages of 'healthy weights' are directed at the entire population as prevention, regardless of individuals' weight or health status and potentially with a limited definition of "health". Concerns arise when these messages are generalized to assert that any weight gain is unhealthy, implying that everyone holds a personal responsibility to vigilantly engage in weight control (Burns & Gavey, 2004). There is a contrast between the prevalence and significance of overweight and obesity, and the evidence base for effective, health promoting, prevention efforts. At present, there is "limited quality data on the effectiveness of obesity prevention programmes and as such no generalizable conclusions

can be drawn" (Campbell et al., 2001, p. 156). While certain interventions offered potential insights, there is still a great need to assess quality, coordinated, broad-ranged obesity prevention initiatives.

2.5 Comprehensive School-Based Programming

The majority of primary prevention strategies for eating disturbances have been targeted at school-based settings (Rosen & Neumark-Sztainer, 1998). School-based programming enables initiatives to target a large, captive audience, in a potentially at-risk environment and as an intervention approach, have been widely evaluated in reference to body dissatisfaction curriculum (Paxton, 2002). Schools have access to multiple venues from which to effect change, namely classroom curriculum, school meals and physical education (Neumark-Sztainer, Story, Hannan, Stat, & Rex, 2003). Schools also provide a pre-existing learning environment, with the ability to incorporate many opportunities for positive peer interactions. In regards to the future health and well-being of children and adolescents, school-based programs aimed at healthy eating and physical activity show great promise and opportunity (Baranowski et al., 2000, as cited in Veugelers & Fitzgerald, 2005).

Factors associated with eating disturbances that are best addressed in the school setting are: reducing body dissatisfaction, critical thinking about socio-cultural and peer norms, understanding physical development, enhancing knowledge about nutrition and weight control, and skill development in areas of food choices, physical activity and peer pressure. However, school settings do not adequately facilitate all issues related to eating disturbances (i.e. familial issues or individual psychodynamics), are often times limited in

resources, and limited in degree to which sensitive issues can be openly discussed (Rosen & Neumark-Sztainer, 1998).

The goals of a comprehensive school approach are to enhance healthy eating practices and physical activity patterns, and achieve healthy weights in children and adolescents (Story, 1999). The most effective programming at the school level requires comprehensive and integrated approaches that aim to act as a catalyst for change in the community. This requires integrating components of: school-health instruction; school-health services; school-health environment; school food service; school-site health promotion programs for faculty and staff; school counseling and referral services; school physical education; and integrated community and school-health promotion efforts (Story, 1999). There is however, a question of whether school-based programming allows for sufficient opportunity for in-depth discussion on relevant issues of body image and self-esteem.

The WHO's Health Promoting Schools Framework is similarly based on the concept that health supports successful learning and learning supports good health and well being. It is designed to be used for a variety of health-related problems and to fit within individual school settings. To be effective and sustainable within a school setting, program design and planning of programs aimed at preventing eating disturbances must exclude approaches and interventions that other programs have proved useless, ineffective and/or harmful (O'Dea & Maloney, 2000). According to Neumark-Sztainer (1996) and the integrated approach for eating disorders and obesity prevention, recommended components for a comprehensive school-based program are as follows: staff training, classroom interventions, integration of relevant material into existing

curriculum, individual counseling and small group work, referral systems, opportunities for healthy eating, modifications within the physical education program, and outreach activities.

A recent study evaluating school-based obesity prevention programs did succeed in demonstrating the effectiveness of this particular prevention approach. The evaluation compared body weight, diet and physical activity across school nutrition programs. Nutrition programs were classified as those offering healthy menu alternatives, those with coordinated programs integrating components of the CDC recommendations for school-based healthy eating programs (Centre for Disease Control and Prevention, 1996, as cited in Veugelers & Fitzgerald, 2005), and those without a formal program. The results demonstrated that in comparison to schools with only a nutrition program or no program, students from schools participating in the Annapolis Valley Health Promoting Schools Project (AVHPSP), displayed lower rates of overweight and obesity, had superior dietary habits, and reported greater participation in physical activities and less participation in sedentary activities. It was found that school programs that integrate aspects of the CDC recommendations in a multifaceted approach have a significant impact on overweight and obesity, demonstrating effectiveness in preventing childhood obesity (Veugelers & Fitzgerald, 2005).

2.6 Role of Girl-Based Programs

The feminine ideal portrayed by society is an image that represents only the thinnest 5% of women. Therefore, 95% of women do not meet this unrealistic ideal and undertake extreme efforts at dieting and exercise to attempt to do so (Wolszon, 1998). Thinness, for many, is perceived as being directly linked to happiness, youthfulness,

acceptability and success. Western society continues to place great value on thinness to the extent of stigmatizing fat, thereby creating a population dissatisfied with their body weight and shape, and viewing their bodies as objectified commodities that should be continuously monitored. For people who do not conform to society's ideal standards, they are faced with a variety of negative social consequences, prejudices and stereotypes (Grogan & Wainwright, 1996). For women in Western society, feeling fat is a "normative discontent" (Rodin et al., 1985, as cited in Wolszon, 1998).

There is a cultural assumption that being thin is superior to being overweight, with a stigma associating overweight with personal responsibility and moral failure (Germov & Williams, 1996). The time and effort that women put into monitoring and modifying their body based on this fat-phobic culture is astounding and indicative of how we have internalized these cultural ideals. It also illustrates how society assumes that it is our bodies that must change instead of demanding that the culture change its values. Life's pleasures and personal connections are placed second to the all-powerful stigma of obesity and the drive to be thin (Joanisse & Synnott, as cited in Sobal & Maurer, 1999). The misconception that the shape of women's lives is dependent on the shape of their bodies is pervasive (Jutel, 2001).

Despite increasing emphasis on male body image dissatisfaction and eating disorders, there still exists an extensive gap. This gap has been formed by not only the presentation of the female and male body in the mainstream media, but also the cultural interpretation of these messages, and the pressures experienced by women due to body objectification. There remains a multitude of inequitable power dynamics and disempowering realities when it comes to a woman's body (Grogan & Wainwright,

1996). There are gendered socio-cultural factors that unfortunately affect women of all ages, sizes and races. The cultural ideals of the western world idealize and reinforce a gendered aesthetic of slimness, while marginalizing overweight and promoting a conception of overweight that renders the majority of females to be dissatisfied with their bodies. In turn, this dissatisfaction triggers body management activities on the grounds of losing weight, as opposed to reasons associated with health (Burns & Gavey, 2004). The majority of women in North America either believe that they are overweight or worry incessantly about becoming overweight (Germov & Williams, 1996). To be dieting regardless of body weight sets up a continuous process of weight cycling that has been linked to ill health and many of the complications associated with obesity itself (Lester, 1994, as cited in Germov & Williams, 1996).

The debate regarding the issue of gender and whether prevention should be targeted at groups of mixed genders, gender-specific or focused primarily on young girls continues; however, it is agreed that the needs of both genders must be taken into consideration. Females are at higher risk of taking part in unhealthy dieting behaviors and developing eating disorders, and tend to be more interested and inclined to discuss the issues of body image and eating. Females are also more apt to share and talk openly in gender specific groups. On the other side, males are not exempt from weight disturbances, for the incidence of eating disorders is increasing and steroid use is on the rise, in addition to the fact that they play a significant role in the social environment of girls. Including males in prevention programming may even allow for a more comprehensive discussion of the issues, enabling discussion from both sides of the story.

Combinations of primary prevention designed using gender-specific and gender-mixed groups have yet to be evaluated (Rosen & Neumark-Sztainer, 1998).

A study conducted in 1999 drew significant conclusions in regards to male participation in body image dissatisfaction interventions, namely that their level of maturity is lower than females of the same age and these gender differences resulted in their inability to critically examine socio-cultural norms as they relate to beauty and weight (Phelps et al., 1999, as cited in Paxton, 2002). However, findings that report interventions' larger effect on girls also have to take into consideration that these same programs may have been geared more toward the problems of females in the first place (Paxton, 2002). Food and weight related issues are different for males and females and therefore curriculum appropriate to both sexes is difficult to develop and implement (Paxton, as cited in Piran, 1999).

Regardless of the debate, a feminist approach to the prevention of body-weight and shape preoccupation among pre-adolescent and adolescent young women has arisen from the high prevalence rates of eating disturbances in prepubescent girls, and aspects of existing interventions contradicting feminist principles. The premise of this approach is that "through group discussion, knowledge emerges and is voiced about the meaning of the social experience of owning a young woman's body…[f]rom a discussion of body shape, bodily functions, and expectations of one's appearance, the dialogue is transformed into a discussion about power and voice" (Piran, 1999, p.150). When young women are provided the opportunity to articulate their concerns and problems within the safety of a group setting, what comes out are solutions.

This approach respects the transformative power of lived knowledge, basing the process on inquiry and honest dialogue, with the participants able to explain and assign personal meaning to their own behavior, and realizing their own solutions (Piran, 1999). Although many girl-based groups are not explicitly defined within a "prevention" model, the foundation of their approach is based on emphasizing self-development, life skills and supportive experiences. Girl-based interventions within a small group setting enable adolescent females to increase their personal voices by redefining societal messages, validating female attributes, creating options and increasing feelings of competence. The goals of such programming are to create awareness about societal messages that influence a woman's sense of self-esteem, values, relationship choices, empowerment, sexual decision-making, career choices and body image (Shisslak & Crago, 1994).

Within their philosophy, girl-based groups also acknowledge the great significance that peer influences and friendships have in the lives of adolescent girls. Friendship groups provide a very important subculture that has the power to either enhance or diminish various attitudes, behaviors and/or social norms related to food and weight (Paxton, as cited in Piran et al., 1999). Interaction within this all girl environment has the potential "to offer protection against the development of eating concerns and to provide a healing environment for those who already have these problems" (Paxton, as cited in Piran et al., 1999, p. 138). Girl-based groups have the potential to enable exploration of healthy approaches to food and weight, effecting change on both an individual and sub cultural level (Paxton, as cited in Piran, 1999, p. 139).

In that many girl-based groups incorporate opportunities for physical activity into their programming, they are also addressing the drastic decrease in activity cited in

adolescent girls. By creating opportunities for the young women to participate in physical activities in safe and supportive environments, girl-based programs are dealing with some of the resistance many young women have for being active. Providing choices for alternative physical activity in a girl-only environment, while responding to the interests of the girls, enables such programs to alleviate some of the pressures and resistance girls feel toward being physically active (such as body image concerns and confidence in skill levels) (Olafson, 2002).

Sandra Friedman's *Just for Girls* program is an example of a prevention program using a feminist perspective. The program's primary goal is to address the "silencing of girls' voices in adolescence and the subsequent social and health risks that this causes" (Friedman, 1999, p.17). It is based on the view that eating disturbances (inclusive to both eating disorders and obesity) are related to coping mechanisms developed to deal with other stressors in young women's lives, including growing up female in a society that discounts both their gender and culture. The premise is that by decoding and discussing the language of fat and discussing what negative self-talk means to young girls, issues will be addressed before they become an internalized response to their lives. Through honest and shared discussion, the program encourages self-expression, the ability to articulate lived experiences and feelings related to growing up female, empowering them with the skill set to retain their voice, and validating their experiences and expression (Friedman, 1999).

2.7 Evaluation and Effectiveness Data

In working toward a comprehensive strategy to prevent eating disturbances in youth, much research is still needed to report program effectiveness data, outcome

evaluation, and cost-effectiveness data on the various approaches. At present, there are limited data to support the design of evidence-based, coordinated prevention programs, due to inadequate evaluation and replication of specific approaches, despite the increasing rates of eating disturbances and the difficulties with successful treatment (Neumark-Sztainer, Butler, & Palti, 1995). The programs that have been evaluated have continuously shown a lack of effectiveness, have been limited in scope, and have focused primarily on short- term changes in knowledge or attitudes. The data available from outcome evaluations have failed to support any particular model of prevention. Few well-designed, theoretically sound, developmentally appropriate primary prevention programs have been described or evaluated in full (Rosen & Neumark-Sztainer, 1998). The literature also stresses the importance of evaluation measures that focus on the strengths and weaknesses of a program in order to improve and guide future program content and interventions, made possible by explicit and realistic program objectives (Neumark-Sztainer, 1996).

Evaluating health promotion programs is a complex challenge that needs to take into consideration the many interrelated factors of using multiple methods, recognizing process and outcome evaluation, comparative evaluations, measurement difficulties, and the long-term and indirect impact of many initiatives. Effectiveness of health promotion programs can be evaluated though the following: how well the program was planned and the principles applied, the impact the activities had on individuals and/or communities, and the range of action strategies used. Limitations to this type of evaluation are in the lack of evaluation documentation available for many programs, the fact that long-term outcomes are not studied, and the varying quality and design of formal evaluations

(Thurston, Wilson, & Felix, 1999). The four principles for health promotion program evaluation, outlined by the World Health Organization European Working Group on Health Promotion Evaluation (1998), are as follows: involve the key stakeholders, enhance individual and community capacity, use multiple information gathering techniques, and appropriately consider complexity and long-term impact.

Program reviews of prevention interventions point to the need to include initiatives that are developmentally and culturally appropriate, that target both males and females, are grounded in theory, are capable of engaging the interest of youth, and address the entire spectrum of eating disturbances (Rosen & Neumark-Sztainer, 1998). There has been a recent call for prevention efforts that determine the age levels at which programs are most likely to deliver effective, timely, and relevant messages. Programs aimed at elementary school aged children are based on not only the rising trends of eating disturbances and problematic eating attitudes and behavior, but also on the fact that these attitudes and behaviors may be less consolidated than they are for adolescents or adults. The less connected the beliefs of attractiveness, self-image and weight control are, the easier and more effective it may be to intervene before the habits are ingrained.

In summary, this research study aims to critically assess the various prevention initiatives in the province of Alberta, examining the quality and effectiveness of different program approaches and exploring the links of prevention to girl-based programming. Corresponding to these research areas, a thorough discussion of the study's methodology will be presented in the following section, providing rationale for the study design and details on the specific methods used.

Chapter 3: Methods

3.1 Philosophical Approach

3.1.1Critical Social Science

The study design is based on a critical process of inquiry that "goes beyond surface illusions to uncover the real structures in the material world in order to help people change conditions and build a better world for themselves" (Neuman, 1994, as cited in Veenstra, 1999). Critical social science emphasizes the role the social context plays in influencing behavior, thereby connecting people to the environment in which they live (McKinley, 1992, as cited in Travers, 1997). In taking a critical social science perspective with my research design, I have conceptualized the issues of both eating disorders and obesity prevention beyond the scope of individualistic behavior change, framing my data collection and analysis in the spirit of social change. Through this perspective I hope to contribute to the growing research on both obesity and eating disorder prevention, supporting the field of health promotion and ultimately raising consciousness to the issues. With an educative role, critical social science provides scientific explanations and critical evaluation, while enabling routes for action and change (Fay, 1987, as cited in Travers, 1997).

As a key component of critical social science, I have based a prominent part of my data collection on the lived experiences of the people involved in prevention programming, striving to ground future prevention efforts in the reality of daily program implementation and young people's actual experiences. In consideration of the social environment around the issues of eating disturbances in our society, the design of this study was developed with action in mind. The design recognized that it is through our

actions (both individually and collectively as prevention programs) that we have the power to recreate, reproduce and transform the very social structures at play (Bhaskar, 1989, as cited in Travers, 1997) among the range of eating problems.

In addition, by taking action and acknowledging the role of the influencing social structure, effective prevention programming can affect change among children and adolescents. This research has placed importance on the knowledge gained from the experiences, impact, and perceived limitations of various approaches that has come directly from the people who develop, implement, evaluate, and participate in the programs. In this way, the study has attempted to address the realities of prevention programming from the people directly involved.

Conducting research from a critical social science stance has enabled me to take a reflexive attitude toward the knowledge of the field and my own research process (Eakin, Robertson, Poland, Coburn, & Edwards, 1996). Based on the methodology used in this study and on the very nature of the subject, I have taken a subjective stance in gathering and analyzing the data. In identifying myself as a feminist, I have my own ideas and assumptions concerning eating disturbances and female experience with issues related to food. A distinguishing feature of this research is that I have utilized my own personal experience, recognizing the relevance of documenting the personal origins of the research study, both describing and reflecting on the research process (Reinharz, 1992). Therefore, through my research, I have attempted to provide perspectives that take into consideration the point of view and bias of each program while at the same time challenging myself to remain honest about the perspective that I have come from.

A significant portion of this research will contribute findings to future initiatives by disseminating a summary report to all stakeholders, aiming to make a difference in the lives of children and adolescents through effective prevention programming and therefore creating the opportunity for change (Eakin et al., 1996). As described by Thomas (1993, as cited in Eakin et al., 1996, p.163):

> Critical thinking implies freedom by recognizing that social existence, including our knowledge of it, is not simply composed of givens imposed on us by powerful and mysterious forces. This recognition leads us to the possibility of transcending existing social conditions. The act of critique implies that by thinking about and acting upon our world, we are able to change both our subjective interpretations and objective conditions.

3.1.2 Assessing Programs for Health Promoting Initiatives

The purpose of depicting each program in relation to its concepts, procedures, strengths, weaknesses, and limitations is to "describe and understand the program through interviews and observations that will reveal its "social reality" as viewed by program personnel and other significant stakeholders" (Rossi, Freeman, & Lipsey, 1999, p.157). Based upon the data collection methods described in detail in the following section, the critical analysis evaluated the programs' processes and impacts in relation to their health promotion characteristics and their evaluation of effectiveness. The evaluation framework takes into consideration the extent to which each prevention program relates to the five health promotion strategies of the Ottawa Charter, the determinants of health, ecological levels of influence, and evaluation processes and impacts (Thurston et al., 1999).

3.2 Data Collection

The following methods were used to describe and critically review Alberta's current prevention efforts toward body image, self-esteem, eating disorders and obesity. The study design collected information related to each program's conceptual structure, procedures, strengths, weaknesses, and limitations. In this context, a "program" was defined as resources or services targeted toward youth that explicitly address obesity prevention, body image, or girl-based initiatives to enhance girls' self-esteem. Networks or agencies that coordinated programs or services but did not focus on ground-level service delivery were excluded. The primary sources of data collection for establishing this baseline assessment were: a review of program documents, interviews with four selected program personnel, volunteer participation in one eating disorder prevention program and two girl-based programs, a focus group with one girl-based program, and field notes. The methods of data collection are broken down into two phases: a critical review of prevention programs and evaluation studies (to address the first two research questions) and an in-depth exploration of girl-based programs (to address the third research question).

3.2.1 Phase 1: Data Collection: Critical Review of Programs and Evaluation Studies

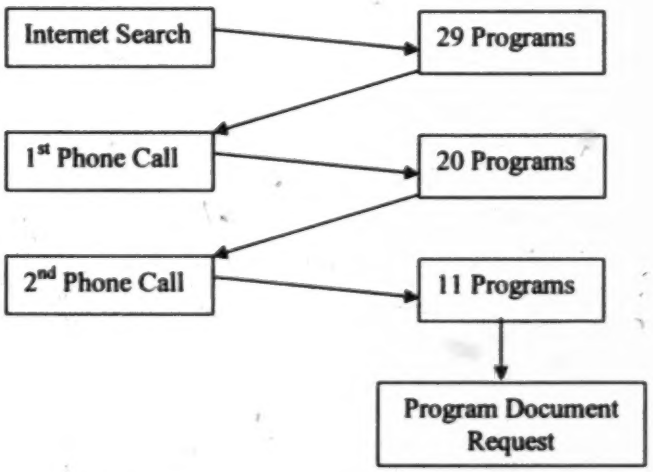
3.2.1.1 Program Information Search

To identify the programs currently implemented in Alberta that pertain to issues of eating disorder and/or obesity prevention and general girl-based programs, I conducted an extensive program search. For a program to be included in this study, it had to be operating within Alberta, targeting school-aged children (ages 5-18 years), and be broadly based on eating disorder prevention, obesity prevention, healthy eating, physical

activity, and/or self-esteem and consciousness-raising girl-based programs. Through an extensive Internet search and contact with various co-workers, colleagues and relevant organizations in the province, I identified 29 programs in Alberta that fit the program criteria.

Figure 1

Program Identification and Selection



Upon identifying and compiling the list of programs in Alberta, I contacted each program by telephone to obtain additional information about the program. With the addition of new program information, I was then able to narrow the sample size to the 20 programs that best represented the study's selection criteria. I chose to exclude initiatives focused on creating networks among various organizations and programs (i.e. EverActive Schools). Only programs that had direct contact with youth were included. This decision related back to my research questions, as the aim was to explore the various program "perspectives" among the various prevention approaches, and to explore the lived realities among people directly involved with youth prevention at the ground level.

Programs that were no longer running were also excluded from the study. Following this initial data collection period, I contacted the programs a second time to formally introduce myself, explain my research project and request their assistance in my study (for the guiding telephone script, see Appendix A).

Incentive for the program contacts to participate in this study was based upon my explanation of the research. I highlighted that a summary report would be presented to each participant and that through this critical review, programs would have the opportunity to learn from other initiatives and approaches to prevention in the province. However, there remained potential limitations in relying on the identified programs to both express sufficient interest in this research and provide program documentation.

Based on the time period allocated to this phase of data collection and the individual programs' interest in participating in the study, a sample of 11 programs was ultimately used. The sample consisted of programs that met the program selection criteria and had staff who expressed sufficient interest and who were available to participate in the study's data collection methods. I categorized these programs into three general groupings (although many programs were broader in nature than the classification terminology implies): obesity prevention programming, eating disorder prevention programming and girl-based programming. The identified programs included three obesity prevention programs, two eating disorder prevention resources, and six girl-based programs.

During this second telephone conversation, and following the program contacts' expressed interest in participating in the study, I requested copies of relevant program documents from each of the programs, including:

- formal documents that provide information on program goals and characteristics (i.e. grant applications, contract documents)
- internal documents (i.e. mission statements, manuals of operating procedures, job descriptions)
- promotional material (i.e. newsletters, brochures), available organizational charts
- evaluation studies/reports for the program (Rossi et al., 1999).

For each program that agreed to participate in the study, I sent a follow-up information letter, to highlight the purpose of the research and explicitly request the above documents (see Appendix B)

The program contact person was instructed to send the documentation to the Centre for Health Promotion Studies. The follow-up letter, in addition to providing the mailing address of the Centre, included a return, self-addressed envelope with paid postage. I successfully received program documents from all identified programs, although with varying degrees of useful and additional information (on top of the information I had obtained from the Internet search). All program documentation received from the program coordinators and organizations has been securely stored in my home office, with confidential information filed in a locked desk drawer. Upon completion of my Master's degree, the data will be transferred to the Centre for Health Promotion Studies, to be stored in a locked filing cabinet.

3.2.1.2. Review of Documents: Descriptive Data

An extensive review of all program documents was used to obtain explicit information related to the conceptual structure of the programs. A number of programs had articulated program goals and procedures explicitly identified in their program documents, while other programs were described based upon implicit assumptions. All the program material and evaluation studies received were synthesized into working

documents (following preliminary analysis) to summarize all prevention efforts, perspectives, and effectiveness data in the province and to provide a starting point for the remainder of the research data collection, analysis and interpretation.

Based on the data thus collected, I categorized the programs according to various descriptive classifications. The specific classifications were developed based on a literature review of the integrated approach to the prevention of eating disorders and obesity, the modified Health Promotion Evaluation Framework (initially designed for the interview and focus group data analysis) and preliminary analysis of the documents. For organizational purposes, I formulated several matrices to categorize the programs based on the following program components: duration, target age, and location, presence of program rationale and evaluation data, health promotion strategies, individual/personal characteristics, and socio-environmental characteristics. All program documents were subsequently coded based on these classifications for the purpose of identifying each program's conceptual structure, as well as identifying which programs were to be selected for further in-depth analysis with interviews, focus groups and program observation. This process is explained in greater detail in the analysis section.

The convenience sample of 11 programs did not include all prevention programs in the province and relied heavily on documents to define the program approach. Therefore, the study's findings are based solely on the described data collection methods and do not represent the programs in their entirety. The programs included in this study represent examples of the full spectrum of prevention efforts and as such are able to provide insight into the various approaches to prevention, although generalizability must be considered within the limitations of the sample.

3.2.1.3. Interviews

Semi-structured interviews were used as a primary method in which to gather data, offering a complement to the document review, and to add clarifying information to the data set. For this purpose, semi-structured interviews allowed for flexibility to "tailor the line of discussion to the expertise of the individual, probe and explore issues in depth, and engage the informant in careful reflection" (Rossi et al., 1999, p.164). The interviews not only provided information on the processes and intended outcomes of the programs, but also revealed the underlying assumptions of the programs and their operations.

Based on the findings from the document review of the 11 selected programs, I selected four programs to include in the second phase of data collection, as a means to perform an in-depth analysis into the selected prevention approaches. I formulated criteria for this program selection based on my preliminary analysis and my research questions. It was important that I selected programs that provided a comprehensive example of each prevention approach, differentiating between various targets, durations and locations. I proceeded to make a case for each of the 11 programs, to determine which programs addressed the following components: information-dense program documents, utilized strategies beyond personal skill development, focused on both individual and socio-environmental characteristics, available, interested and accessible program contact, potential links to school curriculum and/or environment, and able to go further in-depth with issues of evaluation and sustainability.

For each of the three main data collection methods (interviews, focus groups and observations), I broke the programs down into my first, second and third choices and

based my final decisions on the aforementioned criteria. Many programs selected for outstanding documentation or comprehensiveness had to be eliminated based on circumstances such as inaccessibility or lack of interest. The programs I selected for in-depth analysis represented the three types of prevention programming, including one obesity prevention program, one eating disorder prevention program and two girl-based programs. They were selected as representatives of the overall prevention approach, together with their strengths, weaknesses and lessons learned. In total, the key informants include four program contacts from four prevention programs and six focus group participants from one girl-based program, all within the province of Alberta, Canada.

The four programs are presented in the findings not as individual programs to be singled out, but instead provide evidence of the major strengths and weaknesses of prevention programming in general and illustrate where future efforts directed toward an integrated approach are required. At the end of my data collection phase and following preliminary analysis, I decided that the study could benefit from the additional perspective of another obesity prevention program. Unfortunately, attempts to engage interest and participation from such a program was met with reluctance. The program raised concerns as to the impact of a potentially negative "critical review" to the sustainability of the program, ultimately declining involvement.

Selected programs were contacted for interviews by telephone (for the telephone script, refer to Appendix C), with the result that all interviews were scheduled within a one-month data collection period. Both the program observations and focus group were also scheduled at this time. Interviews were conducted at the convenience of the

interviewee, all taking place at either the programs' location or the contacts' office space. They were scheduled for an hour in length, based on a semi-structured approach and digitally recorded. The interviews were transcribed verbatim.

The interview style refrained from rigid questioning with a predetermined question list. Interview guidelines were created based upon the document review and preliminary analysis. The interview question guidelines for the program staff is presented in Appendix D, to approximate the type of questions addressed. It allowed for in-depth interviews built on a trusting and engaging conversation on people's experiences. Multiple interactions had already taken place before the actual interview occurred, thereby enabling the development of a relationship with the interviewees. By engaging interviewees in this manner, it produced quality expressions of life experiences, it was action and change oriented (in terms of contributing to the field), and it linked their individual experiences to broader social structures (Rothe, 2000).

3.2.1.4 Ethics

Ethics approval for this study was obtained from the University of Alberta Health Research Ethics Board. The Health Research Ethics Board approved use of the following: information letters, consent forms, telephone scripts and interview and focus group guiding questions. The approval form is provided in Appendix E.

In accordance with the Ethics Board's acceptance of the study, at the beginning of each interview, I thoroughly explained the procedures, reviewed the information letter (see Appendix F), answered any questions, and had the interviewee sign the consent form (see Appendix G). I provided a copy of both the information letter and consent form to the interviewee at this time. Furthermore, participation in the interview was completely

voluntary and participants were able to withdraw their participation at any time during the interview.

Participants in the interviews were provided with a pseudonym for transcription and all data from the interviews were filed by date and program group number. I kept a master list recording each interviewee's name, code, and program group number, which is kept securely locked in my home office. I also kept a master list detailing all correspondence and interview sessions with program personnel. Only my supervisor, Dr. Kim Raine and myself have access to the raw data. All interview data CDs and transcribed data, including photocopies are also securely stored in my home office, with plans to destroy the data after five years. Upon completion of my Master's degree, the data will be transferred to the Centre for Health Promotion Studies, to be stored in a locked filing cabinet.

3.2.2 Phase 2 Data Collection: Understanding the Link to Girl-Based Programs

3.2.2.1. Volunteer Participation in Group Program

Exploring program reality through site visits provided an additional method in which to describe prevention programs. To address the third research question, this data collection method was conducted for two of the identified girl-based programs. The purpose of the program observation was to examine the program's setting, observe the services and activities within the program, and identify the program participants. This was used to formulate an independent perspective on the programs and to be certain the data collected from the other methods were realistic and in accordance with the programs' capabilities. Observation in this case was not to confirm that the program

actually met the program implementation plan, but to determine whether the goals and objectives of the program were realistic (Rossi et al., 1999).

Acting as a volunteer, I accessed the two girl-based programs by participating in one day of their program activities, as a means to gain hands-on experience with such a group, as well as to assist the program with extra support and assistance (as another adult participant). Despite my active role in these sessions, I was introduced as a researcher and a graduate student from the University, making explicit my role within their group. I set up the site observation schedule during ongoing email correspondence and initial interviews with the program staff of the girl-based programs. As previously described, the number of site visits and the selection of the programs observed were determined based upon the interest of the programs, their location, and the types of girl-based programs identified. Acting solely as an observer, I also had the opportunity to sit in on a classroom presentation of one of the eating disorder prevention programs.

An additional purpose of the participant observation was to further immerse myself in the issue by gaining practical experience with capacity building activities. By developing a deeper understanding of the programs' activities, benefits and limitations from a first hand experience of the context, it enhanced my analysis of the programs and challenged the direction I based my subsequent analysis on. The observations built on my implied knowledge, enhanced my understanding of the context of prevention programs, and allowed me to explore a glimpse of the inner-workings behind these programs (Rothe, 2000). Through taking part in the groups in such a way, I gained immense practical knowledge of the inner workings of girl-based groups, in addition to a greater understanding of many of the limitations present.

3.2.2.2 Focus Groups

In consideration of the limitations in engaging the interest and participation of programs, only one focus group was scheduled. My original research proposal included a plan to conduct focus groups with participants in three girl-based programs. However due to the lack of interest from program contacts' and the difficulties surrounding obtaining consent within certain schools and community groups, I was only able to conduct one focus group with six girls from a girl-based program. Ideally, as members of the target population and critical sources of information on what girl-based program offer, there was great potential in the addition of this data. Unfortunately, the focus group did not meet the expectations set out by the study's proposal. While it was a great personal experience, with the time limitations placed on the focus group (less than 40 minutes), the data were limited in scope and significance. This method specifically focused on the program's impact and how it relates to the young women involved, by highlighting their personal experiences with the program. In addition to complementing the description of program, it was my hope that the focus group would also be used to further empower the girls, through participation in self-reflection. Whether or not this was achieved is unknown.

Based on the program's location and schedule, I relied on the program contact and facilitator to explain the research study, request volunteers to participate in the focus group and send home both the parental/guardian information letter (see Appendix H) and the parental/guardian consent form (see Appendix I). While the program facilitator was responsible for this recruitment, the parents/guardians had the opportunity to call or email me with any additional questions they may have had regarding their daughter's

involvement in the focus group; I did not receive further contact. All six of the focus group participants returned their signed parental/guardian consent forms prior to the focus group session. The consent form also functioned as an assent form for the participants, with the girls signing their own agreement to take part in the study.

Question guidelines were created prior to the focus group, based upon the collected data to date and preliminary analysis, and used as a rough outline. The guiding themes were determined a priori to facilitate the discussion process (see Appendix J). Specific areas of discussion included the target group, program activities, program actions, program outcomes, and links between program activities and outcomes. When facilitating the focus groups, I aimed to "minimize the power differential between facilitator and participants" (Piran, p. 155), by conducting the group interview using a participatory approach to gain evaluation information on the program. After having spent the afternoon with this group, participating in their regularly scheduled program session, we had created a connection from which to initiate a focus group discussion. The girls appeared comfortable with my presence in their group and open to discussing the issues I presented. Following the focus group I presented participants with a Centre for Health Promotion Studies water bottle.

3.2.2.3 Ethics

In accordance with the Ethics Board's acceptance of the study, the information letter and consent form for the focus group comprised a statement that described the research goals and methodology, how the collected information would be used, and also how the confidentiality of the young women would be protected (Barnsley & Ellis, 1992). Furthermore, participation in each focus group was completely voluntary and

participants were given the option to withdraw their participation at any time during the focus group without consequence. It was made explicitly clear from the onset of the focus group that the research would not exploit the young women or the collected information, by remaining loyal to the young women's perspectives and experiences. In the case of potentially adverse effects resulting from the focus group (i.e. if a girl became upset), I discussed precautions and steps to be taken with the program facilitator prior to conducting the focus groups.

At the beginning of the focus group, I reiterated the procedures of the group session, the issues of confidentiality and the purpose of their participation. As a group, each participant individually signed her own copy of the Group Confidentiality Agreement (see Appendix K) and was provided with her own copy. The goal of the additional consent form was to provide the girls with an opportunity to fully participate in the consent process.

Therefore, assurances of confidentiality, privacy and anonymity was placed in writing in the parental consent form and thoroughly explained to the participants with the addition of the Group Confidentiality Agreement. With informed consent, all focus group sessions were digitally recorded. Participants in the focus group sessions were provided with a pseudonym on all transcript material and all data from these sessions were filed by date and program group number. I kept a master list recording each participant's name, code, and program group number, which I have kept securely locked in my home office. All focus group data were transcribed verbatim and will be destroyed after five years. Only my supervisor, Dr. Kim Raine and myself have access to the raw

data. Upon completion of my Master's degree, the data will be transferred to the Centre for Health Promotion Studies, to be stored in a locked filing cabinet.

3.2.2.4 Field Notes

Variations of field notes were completed following each of the data collection methods to provide a written account of my experiences throughout the process of gathering and reflecting on the data. The purpose of the field notes was to act as both a tool for self-reflection and an accurate record of documenting my methods and emerging analysis (Bogdan & Biklen, 1998). When appropriate, I kept a set of hand written running notes during the interviews, program observations and focus group. They documented key information or emerging trains of thought for consideration, as well as providing a chronological guide of the sessions. To minimize interruption or disturbance during the interview sessions and relying on the digital recording, running notes were kept to a minimum and only used when necessary.

A second form of field notes used a combination of both reflection and description, with entries completed immediately following interview sessions, the focus group, participant observations and certain document review sessions. The field notes were computer typed and filed on a disc as an electronic journal. Reflective field notes were used to provide a personal account of the research inquiry, recording the subjective processes involved (Bogdan & Biklen, 1998). The electronic journal acted as a method in which to record my daily experiences with the research, the process of data collection and my thoughts, reactions, and insights throughout. It was important to this study that I not only capture the lived experiences of the program staff and participants, but also my own. It acted as a way in which to document my impressions, ideas and bias concerning

the issues discussed in the interview sessions and to record my experience of participating in selected program activities.

The journal was also a tool used as a point of take-off for discussion and interaction for subsequent interviews (adding to my knowledge base and from gaining additional experience from each interview I conducted). It served as a method to record and define common issues, solutions proposed and verifying personal experiences of the interviewee and myself (Reinharz, 1992). In short, these notes included reflections on analysis, on method, on ethical dilemmas, my frame of mind, and points of clarification (Bogdan & Biklen, 1998). It acted as a complement to the running notes completed during the sessions, as well as to the transcribed interviews and focus group dialogue, providing an additional piece of the puzzle during the data analysis and interpretation phase.

In the case of my participation in selected program activities, I included a separate descriptive form of field notes, in addition to the reflective. This descriptive set objectively documented the details and settings of the program, as they related to the research questions. Notes included information on: the program's physical environment, interactions and relationships between the facilitators and the young women participating, the learning environment, general profiles of the young women involved, conversational tone, accounts of particular events, description of program activities, and acts of discipline or control (Bogdan & Biklen, 1998).

3.3 Data Verification

Through the use of multiple data collection techniques, internal validity was addressed; data obtained by one method were checked and confirmed against the data

obtained by another (Miles & Huberman, 1994). Data verification took place throughout the interviews and focus groups, through the use of probing questions (for clarification). The interviewees and focus group participants were also given the opportunity to contact me at any time following the sessions (during the study period) to add additional comments or if they had any concerns. Although presented with the opportunity, none of the program informants initiated further contact. Additional data verification occurred throughout the study based on ongoing preliminary analysis.

Triangulation occurred through the various data collection methods and sources used in this study, which included interviews, focus groups, and program observations. Validity was established by creating summary sheets of each program selected for in-depth analysis (describing their program components based on my document review), which were made available and referenced during the interviews. The interviewees validated the data in the summaries and made corrections as necessary through their responses to interview questions. In that the program contacts sent the majority of the program documents used in this study (with the exception of material printed off their websites), I was confident in the trustworthiness of the data. However, consideration was also made as to the limitations inherent in their use. Therefore, when reviewing and interpreting the program documentation, I made efforts to consider their original context and purpose (Rossi et al., 1999).

In reference to the third research question, the study refrained from relying exclusively on program documents and program contacts to depict the programs. With all three methods there is the limitation that comes from their relationships to the programs and the potential bias of their accounts. In consideration of this fact, my first

hand observation of the girl-based programs provided independent contribution to the data collection, to ensure that "the input from the other sources is realistic with relation to the program capability" (Rossi et al., 1999, p.165).

A summary of the final report will be presented to all interested interviewees, parents and/or additional stakeholders, in a written document. Specifically, I will send a copy of a summary report to participants that expressed an interest on the consent form and provided their mailing address. I believe that it is important to share my findings with the prevention community I will be involved with, in order to contribute to the field and to facilitate my own process of consciousness-raising and change.

3.4 Data Analysis

The following section on data analysis integrates both preliminary analysis made from the document review, as well as analysis based on transcribed data. Data collected for the later stage of analysis were based on four semi-structured interviews with program staff, one focus group, and three program observations.

Preliminary analysis took place throughout the data collection phase of this study. Following the collection of program documents, all program material was coded for main themes, allowing both the discovery of program characteristics to emerge from the data set and confirming characteristics previously determined. Prior to analysis, general themes were already present from the literature review; therefore I began the coding process with a general idea of what I was looking for, although mindful of allowing new themes and subthemes the opportunity to emerge. As this was the exploratory phase of my research, the documents were coded to enable full absorption into the data and allow themes to emerge on their own (Russell Bernard, 2000).

The individual characteristics used to assess each program were based on a literature review for the components ideally included in an integrated prevention program for eating disorder and obesity prevention. The list provided a general framework from which to do preliminary analysis of the programs based on which characteristics each addressed within their philosophy and programming. Upon initial coding of the program documents, additional characteristics were added to this list. The list included 12 individual characteristics: physical activity/active living, eating attitudes and behavior, body image, pubertal/adolescent development, respect for diversity, self-esteem, decision-making/critical thinking skills, self-efficacy, managing stress, weight control, genetics, and communication.

The socio-environmental characteristics that were used to base the assessment of the 11 programs was also established on a literature review for the factors cited as integral to an integrated prevention program for both eating disorder prevention and obesity prevention. This list of 12 socio-environmental factors also provided a framework from which to perform a preliminary analysis of the programs based on which characteristics their programming addressed. Upon initial coding of the program documents, additional characteristics were added to this list. The list included: socio-cultural norms, familial/peer behavior, teasing, food availability, parental involvement, teacher training, gender, media influences, social action, weight stigma, access and role modeling/mentoring.

Coding was performed with the use of various colors of pencil crayons, each corresponding to a separate program component or theory. The documents were reviewed extensively, and through the use of the ocular scan method (Russell Bernard,

2000), I became fully immersed in the data, using the pencil crayons to highlight the main patterns that arose.

The culmination of this process (as well as from the literature review) produced the thematic areas that were used to create the matrix of tables referenced in the findings section. Preliminary analysis also followed each interview and focus group, taking notes of emerging categories found in my field notes. Major insights derived from these preliminary measures were incorporated into subsequent interview sessions as a means to verify, as well as to initiate further explanation on the topic. Through ongoing review of transcripts and field notes, any ambiguous or incomplete data were clarified in subsequent sessions (Rossi et al., 1999).

For the second phase of analysis, I transcribed each of the recorded data sets from the interviews and focus groups. Due to technological malfunction, the audibility of one of the recordings was poor and required intense efforts for proper transcriptions; direct quotes were limited from this data set. Generally, each focus group and interview was transcribed verbatim including incomplete sentences, phrases and unfinished thoughts. Relevant information was then extracted from the various forms of collected data (field notes and transcribed interviews and focus groups) through a deductive coding procedure to identify the themes, linking the concepts into the major findings of the study. Based on preliminary coding of the program documents and the subsequent tables created, this phase of data analysis allowed for such a deductive coding process, confirming the understanding gained from the preliminary analysis (Russell Bernard, 2000). Transcripts were coded based on the program characteristics found in the various tables (generated from the preliminary analysis), such as individual and socio-environmental

characteristics. I also allowed for the emergence of new thematic areas (i.e. conceptualizations of health), thereby basing my overall analysis on both inductive and deductive coding (Miles & Huberman, 1994, as cited in Russell Bernard, 2000).

Transcripts were also coded with an assortment of different colored pencil crayons, corresponding to the various themes of analysis. As the themes were identified and coded, programs were compared with each other and with general prevention efforts, highlighting the strengths of the programming and evaluations. As this process of coding and interpretative analysis occurred throughout the study to varying degrees, the findings were able to take on new meaning and direction within each additional thematic area. The coding chart encompassed over a dozen themes, recognizing that the individual data sections had the potential to address more than one theme. The data within each thematic area were analyzed to determine the conceptual links between the prevention programs and health promotion, aided by the third phase of analysis.

For the third phase of data analysis, I used the framework modified from the Alberta Health and Wellness *Health Promotion Evaluation Framework* (Thurston et al., 1999). The original framework provided recommendations for the future of health promotion programs in Alberta and was adapted to include key concepts and priorities identified in the literature review of the factors related to the integrated approach for eating disorders and obesity prevention. The purpose of using this framework for analysis was to assess each program in relation to how effectively it adheres to the health promotion approach, how it measures up to evaluation standards for effectiveness, and how it contributes to the prevention of eating disturbance. Following data collection, each of the four selected programs was plugged into this framework to clearly outline

individual program characteristics, strengths, limitations, and evaluation strategies. As an organizational tool for analysis, I was able to outline each of the selected program's strengths through an assessment of their program components. The completed frameworks for the four programs are included in Appendix L through O.

In addition to analyzing the girl-based program data to assess their contribution to health promotion, they were also analyzed for the purposes of responding to whether or not they fit within a future integrated prevention model. Specifically, the girl-based data were analyzed to provide evidence to either support or refute their potential contributions to mainstream prevention efforts for eating disorders and obesity. Data from the identified girl-based programs were coded along with the other programs, with themes generated and organized based on the analysis framework and matrixes of the preceding section. Therefore, to determine whether this approach to prevention has a place in the promotion of healthy weights, I compared the girl-based programs to the factors required to integrate the two prevention efforts (Irving & Neumark-Sztainer, 2002), as well as to key literature on the criteria for effective prevention. The analysis included comparison of the girl-based program theories to mainstream prevention efforts in the province to determine whether components of this approach hold a place in future school-based prevention efforts and ultimately to health promotion initiatives (i.e. similar assumptions and theories, similar hopes for positive outcomes, etc.).

From all three stages of analysis, I was able to synthesize the findings, highlighting the major strengths and weakness of each prevention approach. Analysis generated a significant focus on the similarities between approaches and goals for future prevention efforts, linking to a discussion on the integrated approach to prevention.

Chapter 4: Findings

The purpose of this section is to provide an overview of the collected data, while integrating interpretative discussion throughout to facilitate understanding and implications of the major themes. The findings are thus divided into three main sections. I will present a descriptive piece entitled *Overview of Program Concepts*, where I will highlight the data gathered from the program document review. Secondly, I will present a second descriptive piece entitled *The Role of Evaluation*, where I will focus on the programs' evaluation data and the inherent challenges in implementing such studies. Thirdly, I will present an interpretative piece entitled *Interpretation of the Findings* that will provide a thematic discussion of the interview and focus group data, integrating key informant findings and interpretation of the themes.

4.1 Overview of Program Concepts

The following descriptive piece is divided into two main sections, utilizing the data set of the 11 prevention programs identified within this study. The first section will provide a brief description of the identified programs, highlighting the rationale behind each program and the specific approach to prevention through program case studies. The second section will provide an overview of the specific program components and is based on the program matrix developed to both organize and provide preliminary analysis to the programs' main components. This section will include discussion on the duration, age level and target of each program, the health promotion strategies, the individual characteristics, and the socio-environmental characteristics addressed by each of the programs.

4.1.1 Program Rationale

In terms of the documentation that provided rationale for the programs' goals and approach to prevention, all but two programs provided specific justification to back up their philosophies. Both the quantity and quality of this documentation varied. It is clear that each program varies in their emphasis on specific program components, namely the health promotion strategies, individual characteristics and socio-environmental characteristics addressed (which will be discussed in the following section). This section will provide a brief case study for each of the programs, summarizing each program's goals and activities.

4.1.1.1. Obesity Prevention

1. Be Fit for Life (School-based Programs)

The source of documentation for school-based programs within the Be Fit for Life Network includes summaries for the various programs, an outreach evaluation form, an outline of the various school programs and community programs and a Be Fit for Life Centre pamphlet. Although school-based programs of the Be Fit for Life Network run province-wide, all documents used in this analysis were received from the program contact at the Calgary centre at the University of Calgary Kinesiology department.

The mission for the Be Fit for Life Centres in Alberta is to ensure the delivery of educational programs, services and resources that promote and facilitate the development and maintenance of active healthy lifestyles, encouraging self-responsibility for individuals to be physically active. At the time of the research, there were eight regional centres in the province committed to the vision of Albertans living active, healthy lifestyles, targeting schools, communities and workplaces. The outreach services

provided by the various centres throughout Alberta include presentations and workshops, fitness appraisals, special events, displays, resources, newsletters, fitness assessments and counseling, collaboration on active living initiatives, Active Living Councils, and fitness leader and consultant certificates. The present study focuses solely on the program components aimed at school-aged children and adolescents, ranging in target from kindergarten to senior high school students, including teachers.

Each regional centre develops unique programs based on the needs and interests of their region. For example, the school-based programs available within the Calgary district (with similar programs offered throughout the province) are based on promoting the concept of active living, physical activity and healthy eating, lifestyle choices and incorporating physical fitness skill building. Specific components include the following programs and/or presentations: Active Aliens, Mission Possible, Active Living Challenge, Ultimate Fitness Challenge, Active Living Council, Nutrition Presentations, Vitality, Lessons from the Heart (including teacher training), Active Choices, and Physical Activity and Body Image.

2. Boys and Girls Clubs

The source of documentation for the Boys and Girls Club programming includes a 2003-2004 program guide retrieved from the club's website and a Boys and Girls Club resource 'Excellence in Action' received from a program contact.

The general mission for the Boys and Girls Clubs of Canada is to provide opportunities for youth to develop key skills, knowledge and values to become fulfilled individuals. The organization is recognized across the country as a leading, youth-serving initiative that is committed to providing services to promote the healthy growth

and development of Canadian youth. The Boys and Girls Club is a community-based organization located in under-served and high need areas of the country, providing activities that challenge and enrich youth minds, bodies and spirits, prioritizing the nurturing of their self-esteem.

All programming within the Club fits within four cornerstones of positive childhood development including: personal growth and empowerment, learning, community service, and health and safety. The program components include after-school programming, counseling (substance abuse and nutrition), and training (conflict resolution and life skills). The importance placed on physical activity is clearly seen in the number of recreational and social programs directed at encouraging daily physical activity in youth, through team sports, outdoor adventures and specific activity programming.

The national database of programs available across Canada is large and encompasses a variety of different program focuses, however specifically within Alberta, the following list provides an example of programming available in one area of the province that are relevant to this discussion: Girls Friendship, Millennium Men/Millennium Women, Incredible Edibles, Kid Fit, and a variety of recreational and active living programs (i.e. sports, dance, family gym time, etc.).

3. HEAL, Go, Away We Grow!

The source of documentation includes the Preventing Type 2 Diabetes Among Inner City School-Aged Children Final Report (2004), the revised proposal for HEAL, Go, Away We Grow! Program (2004), both received from the program contact within the City Centre Education Project.

The Healthy Eating and Active Living Project (HEAL) is implemented in conjunction with Edmonton's City Centre Education Project and targets the students and parents of four schools in the inner city of Edmonton. HEAL's goal is to enable children and their families in these communities to decrease their lifetime risks for type 2 diabetes, by providing opportunities for healthy eating and active living through increased access and the reduction of barriers. The project received funding through Health Canada to 'reduce the prevalence of obesity and physical inactivity among children'. The project includes the assistance of three community health nurses and a registered dietitian, in addition to the school administration and personnel. The project also reported strong community partnerships with the YMCA, the City of Edmonton Community Services and the University of Alberta's Medical and Nutrition departments.

The program components are based on the short-term outcomes of increasing knowledge of type 2 diabetes and healthy eating, changing individual behaviors in regards to physical activity, creating supportive environments within the school through policy changes and enhancing community capacity. Specific activities include the following: classroom teaching, after-school activity programs, cooking programs, separate girl and boy-based groups, school equipment purchases, informational resources, parent/guardian information nights, family events and changes to the school environment to support HEAL's messaging.

4.1.1.2 Eating Disorder Prevention

1. Prevention Puppet Program

The source of documentation for the Prevention Puppet Program includes information from the National Eating Disorders Association (NEDA) website, an article

in the journal Eating Disorders ('Promoting Size Acceptance in Elementary School Children: The EDAP Puppet Program'), and the coordinators' procedure manual and program scripts received from the program contact.

On an international level, the puppet prevention program is a collaborative initiative of the Eating Disorders Awareness and Prevention Inc. (EDAP) and the Next Door Neighbors Puppets, implementing elementary school prevention programming to reinforce the messages of healthy self-concept, healthy eating attitudes and people acceptance. In Alberta, the program brings the puppet performances into various elementary schools in the province through collaboration with theatre groups and volunteers. The puppets are available in Red Deer, Edmonton and Calgary on a loan basis from the Eating Disorder Promotion and Prevention Specialists of Alberta. The program includes three puppet show scripts, four child-sized handmade puppets, a facilitator's manual and an activity and discussion guidebook.

The premise of the Prevention Puppet Program is based on the importance of eating disorder prevention at an elementary school age level, targeting the precursors to eating disorders, while promoting healthy self-esteem, self-respect and body image, and fostering positive attitude changes. The approach rests on preventing anti-fat attitudes in children before they become deep-rooted and play a role in future weight and shape preoccupation. Through the puppet scripts the program facilitates education and dialogue on issues of familial/peer pressure, attitudes about weight and body shape, people acceptance, weight stigma and discrimination, positive and negative coping strategies, and teasing.

2. Body Image Kits

The source of documentation for the Body Image Kits came from the Body Image Works website, photocopied material from the original kits' manuals, an annual report, two articles from the Eating Disorders Journal, a true and false quiz from EDEO, and a kit introduction sheet.

The aim of the Body Image Kit resource is to encourage children, youth and adults to create healthy attitudes and behaviors regarding the issues of body image, discrimination based on appearance and self-acceptance. There are two sets of kits available for use in the province. The original set is accessible to schools and communities (on a loan basis) through the Eating Disorder Promotion and Prevention Specialists of Alberta and the new set is available to purchase through the company Body Image Works. The new kits include four levels of target age and are as follows: K-3, grades 4-6, grades 7-9 and a parent kit (a grade 10-12 kit is included in the original set) . The kits are based on supporting a wellness approach to health, acting as an authorized Alberta Learning teaching resource to facilitate interactive discussion and the development of critical thinking skills.

The rationale behind this resource is grounded in eating disorder prevention, a wellness model, developmental assets and experiential learning. This resource clearly goes beyond the individual level by addressing the larger socio-environmental factors through its' activities and discussion sessions.

4.1.1.3 Girl-Based Programs/Groups

1. Go Girl

The source of documentation for Go Girl includes information retrieved from the Alberta Sport, Recreation, Parks and Wildlife Foundation and the City of Calgary website, an In Motion application package received from a program contact, a 2003 report and summary evaluation from a program contact, and a 2004 evaluation summary from a program contact.

Go Girl is a one-day active workshop aimed at young women between the ages of 12-17 years old. Go Girl is planned and implemented throughout the province of Alberta through collaboration between various organizations and networks within the province. The goal of this event is to encourage and support young girls in choosing and adopting an active and healthy lifestyle. The event provides the opportunity for young women to try a variety of physical activities and sports, while providing access to resources to assist them to further pursue the activities they enjoyed. The day is filled with opportunities for a wide range of recreational options, including yoga, kickboxing, kayaking, rock climbing and much more. Depending on the location and particular event, there are also opportunities for the young women to participate in sessions on issues surrounding nutrition, body image and wellness.

The program is based on research that focuses on Canadian youth's inactivity levels, the rising obesity rates and the high-risk status of teenaged girls (in terms of their decreased activity levels and challenged self-image). Also acknowledged are the immense benefits associated with an active lifestyle, including both mental and social benefits. Go Girl's rationale is based on addressing the barriers and challenges associated

with young women's participation in sports and physical activity, by fostering an attitude of personal responsibility for their own health.

2. True To Myself

The source of documentation for True to Myself is based on a program manual provided by the program contact.

True To Myself (TTM) is a program unique to the area of Athabasca that was developed in collaboration with various human service providers and business owners in the community, out of concern for the health of female adolescents in their community. The program is based on the work of Sandra Friedman and from key findings of various research and best practice information of girl-based groups and was developed to enhance ongoing projects in the area. The aim of TTM is to empower girls in grade seven and eight to develop a healthy sense of self, while targeting a key transitional point in their development into adolescence. Session themes have included resiliency building, goal setting, adolescent development, coping strategies, self-esteem, societal influences, recreational activities, and nutrition.

Key components of TTM include community involvement (partner, funding, support and resources), teen coaches (to act as role models), and participatory learning (experiential learning combining social and recreational components). The group meets twice a month after school for the school year, provides a weekend retreat at the beginning of each school year, provides training for the teen coaches (young women in grade 11 who have previously been through the program), and holds regular meetings with its' Steering Committee. The program also sends out a newsletter 'Girl Talk' to

reinforce session information, announce events and connect with parents/guardians, as well as family potlucks.

3. Starburst

The source of documentation for Starburst includes a program pamphlet and the 2002 Final Evaluation Report for the program's four-year pilot phase, both received from the program contact.

The mission of Starburst is to empower young women in junior high to develop a stronger sense of self-worth, purpose and capacity, through both school and community collaboration. The community component involves collaboration between various community-based organizations for funding, implementation support and resources. The program is offered through the Calgary Board of Education and originated as a pregnancy prevention program. Starburst takes place within four separate Calgary schools during regular school hours once a week (for approximately 2 hours), as well as extended hours for various extracurricular opportunities. The program is targeted toward young women in grade 7, with a commitment to continue with the same group of 12 in each school until they complete grade 9. Young women are selected based upon limited resources, family concerns, and lack of involvement, in particular the young women who could greatly benefit from additional support from a girl-based group.

There are 7 program components within Starburst, including psycho-educational in-school programming, family events, after-school and out of school recreational programming, mentoring, individual counselling and outreach services. The program philosophy encompasses key building blocks for adolescents, including positive peer

experiences, positive relationships, self-awareness, the opportunity for unique life experiences and the development of life skills.

4. Girl Power

The source of documentation for Girl Power includes website information from Planned Parenthood Edmonton and an evaluation proposal and program schedule received from the program contact.

Girl Power is a four-day camping event offered during the months of July and August in the Edmonton area to promote young women's self-esteem and assist them in developing a positive sense of being a girl. The program's targets are young women aged 11 to 13 years old. This age target is based on the drop in self-esteem noted in this development phase, acknowledging high self-esteem as a protective factor for various risk behaviors. The program's strategies are based on increasing knowledge and awareness, as well as skill building. With the $10 cost for the camp and led by trained peer educators, the camp provides opportunities for the young women to build positive relationship skills, explore issues related to peer pressure, social stereotypes, body image, values and beliefs, and learn skills associated with communication, self-esteem, conflict resolution and decision-making.

5. Girl Zone

The source of documentation for Girl Zone includes a preliminary assessment conducted on the program, an information package, evaluation questionnaire forms and various program's evaluation results, and examples of session outlines and in-service training outlines, all received from two separate program contacts.

Girl Zone is an integrated project of Edmonton Community Services, utilizing the strengths of both recreational programming and social work practice. The program's goal is to provide a safe and supportive environment for young women in which to encourage their pursuit of healthy and active lifestyles and provide access to physical and recreational experiences. Through discussion sessions, recreational opportunities and quality leadership, Girl Zone aims to build self-esteem, to provide positive female role models, and to empower young women to set their own goals. Weekly themes incorporate opportunities to explore issues surrounding peer relationships, body image and self-esteem. The program targets young women from the ages of 12-16, with specific targets dependent on school and community groups' location and interest, implementing program activities once a week, after school for 10-week intervals throughout the school year.

Each operating group consists of 2 female leaders who receive training for both the recreational and social work component and an assigned social worker, with the role modeling of positive females acting as the key to Girl Zone's purpose. Depending on the weekly theme, guest speakers and facilitators support the program activities. Each weekly session is divided into a main theme, a physical activity component, a snack and free discussion time. Themes include but are not limited to self-esteem, fitness, family relationships, media influences on body image, and specific physical activities (i.e. yoga, hip hop dancing, skateboarding).

6. Girls Incorporated of Northern Alberta

The source of documentation for Girls Inc. includes a pamphlet, an information sheet, a series of fact sheets on the status of girls in Canada, and program summaries for the various components offered by the initiative, all received by the program contact.

Girls Inc. is a national non-profit youth organization with affiliated organizations throughout North America and was adopted as a new program structure by the Big Sisters of Fort McMurray as a means to continue their commitment to young women in their area. The program runs based on the commitment of volunteers, professional staff and the community-based committees. The program's aim is to inspire young women ages 6 to 17 to be 'strong, smart and bold' through a wide variety of research-based educational programming focused on encouraging positive risk-taking and meeting life's challenges. The program components include youth-adult mentoring, workshops and events focused on local concerns of girls and curriculum-based activities focused on math and science education, economic literacy, personal safety, health and well-being, leadership and media literacy. The basis of the program rests on research citing the inactivity, low self-esteem and dieting behaviors of young women, and issues surrounding personal safety, substance abuse, and sexual health.

4.1.2 Program Components

To support the information provided in this section, data tables corresponding to each of the program components will be presented in the appropriate sections. The tables clearly illustrate the various characteristics of each program, as well as group characteristics for each type of prevention effort. When broken down into their program components, a picture is created that clearly shows where programs place their priorities

in terms of their goals, implementation strategies and evaluation. I will discuss each of the three program components separately: duration, target and location, Health Promotion action strategies, individual characteristics, and socio-environmental characteristics. All information presented in the tables is based solely on the program documents received from the various program contacts.

For each of the characteristics to be identified as included within the programs, each program had to identify either a direct or indirect focus on the particular characteristic in their programming. My informed judgment as a Health Promotion graduate student was used to classify each program based on these specific program components according to established criteria. The following table presents the criteria and definitions used for each component and the specific characteristics each program had to address to be included in classification.

In the case of both obesity prevention initiatives *Be Fit For Life* and *Boys and Girls Clubs*, I must clarify that both programs have various individual programs beneath them, however I generalized my findings to the overall initiative. In addition, in regards to one of the girl-based programs, *Go Girl*, its classification as a girl-based program is in its focus on including only females, for its main purpose is providing opportunities for physical activity (an obesity prevention program). The following descriptive analysis will be presented in present tense as all of the identified programs are currently in operation.

Table 1

Inclusion Criteria for Program Characteristics

Program Characteristics	Inclusion Criteria/Definition
[redacted]	
Build Healthy Public Policy	Consideration of policy options
Create Supportive Environments	Consider link between physical/social environment and health
Strengthen Community Action	Involve communities in program planning and implementation
Develop Personal Skills	Enhance participants skill base
Reorient Health Services	Improve access, increase support and improve services
[redacted]	
Physical Activity	Discussion on importance and/or creating opportunities for physical activity
Eating Attitudes/Behavior	Provision of healthy foods and/or nutrition education
Body Image	Discussion on influence and/or efforts to enhance body image
Adolescent Development	Linking puberty changes to weight changes and body image
Respect for Diversity	Environment and discussion that celebrates people's differences
Self-Esteem	Implicit and explicit efforts to encourage and promote positive feelings of self-worth and self-respect.
Decision-Making	Encourage youth to make their own decisions, emphasizing critical thinking skills
Self-Efficacy	Implicit and explicit efforts to enhance participants' belief in their own capabilities

Managing Stress	Provide strategies and skills for youth to effectively cope with stress
Weight Control	Discussion on dieting realities
Genetics	Linking the role of genetics to its influence on weight
Communication	Encourage youth to express their thoughts, feelings and ideas
[redacted]	[redacted]
Socio-Cultural Norms	Create awareness on the social and cultural reality
Familial/Peer Relationships	Emphasis on the role and influence of people in youth's lives
Teasing	Bring awareness to the reality of teasing, its influence and ways to deal with it (i.e. weight-based teasing)
Food Accessibility	Consideration of income status and families' resources
Parental Involvement	Efforts to include parents in program activities
Teacher Training	Emphasis on the influence of teachers through relevant training
Gender	Bring awareness to gender roles, influences and challenges
Media Influences	Efforts to critique media messages and highlight its influence
Social Action	Efforts to encourage youth to effect change on societal level
Weight Stigma	Emphasis on influence and impact of weightism, mindful of prejudicial dialogue
Access	Efforts of program to address gaps in services or lack of resources
Role Modeling/Mentoring	Emphasis on the influence of role models and positive mentoring

4.1.2.1 Duration, Age Level and Target

The obesity prevention programs are implementing their programs in varying durations, from a one-hour or one-day session to an entire school year. The targeted age levels for these types of programs range from a focus on elementary school students, junior high school students and high school students. Two programs focus on a kindergarten age level and only one program on the teachers within the schools. The three programs within obesity prevention focus on three different locations: school, community and a combination of school and community involvement.

The eating disorder prevention programs are both classified as resources as opposed to an operational program. Both resources target kindergarten and elementary, with the 'Body Image Kits' also including junior high school students, high school students and parents. Both resources are also available to both the school system and the community, with the revised Body Image Kits only available through purchase.

The girl-based programming ranges from one-day implementation to a full 3-year commitment with the same group of young girls. The majority of programs within this classification of girl-based included programming run for at least a full school year. The majority of these programs target junior high school girls, with exceptions made in a few programs to include both upper elementary and high school students. The programs view early adolescence as the critical period when self-esteem decreases and where interventions can have the greatest impact. All girl-based program operate within the community, with the exception of two programs that include both school and community locations. Refer to the Table 2 for an overview of these program characteristics.

Table 2

Program Duration, Target and Location

Program	Duration	Age Target	Location
Be Fit for Life	< day	Gr. 1-12	School
Boys and Girls Club	All year	6-18 years	Community
HEAL, Go, Away We Grow	School year	Gr. K-9	School & Community
Prevention Puppets	Resource	Gr. K-5	School & Community
Body Image Kits	Resource	Gr. K-12, Parent	School
Go Girl	1 day	Jr. & Sr.	Community
True To Myself	School year	Gr. 7-8	Community
Starburst	All year	Jr.	School & Community
Girl Power	4 days	11-13 years	Community
Girl Zone	8 weeks	11-16 years	Community
Girls Inc.	All year	6-17 years	Community

The program document review ascertained that program components within all three prevention approaches consciously target specific ages for particular programming, looking at the needs of each age group, activities that they would be interested in and gearing information to them at developmentally appropriate age levels. Certain programs are also often times broken down into various components to reach this end, offering different variations of the same program to different ages. The program documents make

clear that it is essential for programs to be aware of what age they are working with and their developmental level.

While the girl-based programs focus on high need populations or areas, the obesity prevention and eating disorder prevention initiatives focus on a more universal primary prevention effort. However, while obesity prevention and eating disorder prevention programs target a wide population base, primarily through schools, access to these programs and services vary. Although most programs are developed to encourage the inclusion of everyone within the school, specific programs are age restricted. In some instances activities target varying age levels depending on the activity offered and many extracurricular activities that involved external community services are restricted as to numbers of students able to participate.

Girl-based programs are geared more toward a selective prevention approach, invariably based on general gender issues. Additional risk factors cited within these programs encompass personal, socio-environmental and behavioral factors and include: low self-esteem, poor body image, poor family relationships, physical inactivity, limited resources, and lack of extracurricular involvement. Enhancing protective factors is also a driving force behind not only girl-based programs, but also eating disorder prevention programs, in that they focus on providing role models, encouraging diversity and self-acceptance, and facilitating decision-making and critical thinking skills.

The programs also vary in terms of duration and sustainability, ranging from one-shot interventions to intermediate programming of a few weeks duration to comprehensive long-term initiatives with connections to the community. All three types of prevention programs offer a varied approach as to the duration of their programming.

The very nature of the girl-based programs' rationale involves a direct consideration for the length of the programming with the intention of creating sustainable, long-term group connections and trusting relationships. In the case of the obesity prevention initiative focused on comprehensive school health, there is also a priority placed on sustainability, creating supportive environments for continuous health-enhancing behavior change.

4.1.2.2 Health Promotion Action Strategies

In terms of Health Promotion action strategies, there appears to be a clear emphasis on personal skill development within prevention programs in Alberta. Each of the 11 identified programs focus on this strategy as their main approach to prevention within their recreational and educational program components. There is a range of degree and depth related to the various personal skills developed within each program. However the majority of skill building takes the form of knowledge gained through program activities and discussion sessions, focus on self-awareness, and opportunities to enhance accessibility and success within recreational activity. For example, one program provides the opportunity for a group of young women to learn and explore various recreational activities through supervised instruction and unsupervised playtime. Table 3 presents an overview of the Health Promotion Strategies addressed by each program. The information presented in this table is based solely on the program documents received from the programs.

Table 3

Health Promotion Action Strategies

Program	Health Promotion Strategies				
	Public Policy	Supportive Environments	Community Action	Personal Skills	Health Services
Be Fit for Life				X	
Boys and Girls Club				X	
HEAL	X	X	X	X	
Prevention Puppets		X	X	X	
Body Image Kits		X		X	
Go Girl		X	X	X	
True To Myself		X		X	
Starburst		X	X	X	X
Girl Power		X		X	
Girl Zone		X		X	
Girls Inc.		X	X	X	

Programs that make an effort to create supportive environments include nine programs from each of the three program types. With a focus on looking beyond the individual, the obesity prevention program takes steps to effect change in their youth's environment through creating healthy school environments. This includes efforts to

engage families within their programming, offering healthier food choices in school cafeterias, and the proliferation of health messages throughout the schools (i.e. displays and bulletin boards). One of the eating disorder prevention resources makes efforts to strengthen the parental/guardian involvement through separate parent programs. Within a girl-based program, there is a concerted effort to enlist the participation and support of parents/guardians, as well as the extension of programming to outreach services dealing with issues of food availability and family conflict resolution.

As the action strategy of supportive environments includes consideration of both the physical and social environment, this classification encompasses programs that include varying degrees of parental involvement in their design. It also includes programs making efforts to effect change on the social environment through a focus on the socio-environmental factors of discussing socio-cultural norms, family/peer relationships, teasing and role modeling. While considered essential elements that have potential to help create supportive environments, there is a lack of comprehensive evaluation to support programs' efforts at affecting change on the social environmental level. Refer to section *4.2.1* for a discussion on the evaluation of the actual implementation of this strategy.

The third most common strategy is strengthening community action. Programs illustrate this strategy in relation to engaging communities with their support for program initiatives and program sustainability. This strategy is present in varying degrees in six of the identified programs, one from an obesity prevention program, one from an eating disorder prevention initiative, and four from girl-based programs. A focus on community involvement includes creating and sustaining partnerships and collaborations between the

programs and various community agencies and individuals (i.e. donor relationships, committee/board membership, mentoring opportunities, etc.).

The two strategies of reorienting health services and building healthy public policy each received one program's attention, a girl-based program and an obesity prevention initiative respectively. The focus on health services includes the provision of outreach services of individual and family counseling within the girl-based program. Effecting change on the policy level involves the sole focus of one obesity prevention program that is initiating a ban on junk food within several of their participating program schools.

4.1.2.3 Individual/Personal Level Action

The findings from the assessment of individual/personal characteristics addressed by each of the programs will begin with the highest-ranking individual characteristics found within this assessment (self-esteem) to the lowest ranking characteristics (weight control and genetics). Table 4 provides an overview of individual level program characteristics addressed by each prevention program.

The highest-ranking individual characteristic within the 11 programs identified by this study is **self-esteem** with all 11 programs factoring in this component within their programming. However, as was stated in the preceding paragraph and especially in relation to these characteristics, there are varying degrees of focus placed on youth's self-esteem, either implicitly found within the programs' implementation and rationale or explicitly stated within the programs' goals, rationale and activities. Self-esteem is addressed through activities such as those focused on intrinsic characteristics of self-acceptance, confidence building, and positive body image.

On the basis of addressing the components of **physical activity/active living, self-efficacy** and **respect for diversity,** 10 of the 11 programs place an emphasis on them, however also to varying degrees. Within some programs, this includes actual activity-based components, while with other programs this characteristic is restricted to talk of its' importance through educational classes or group discussion.

All three of the obesity prevention programs have physical activity as one of their central foci, however only one of the eating disorder prevention addresses this characteristic and does so purely on an information-based approach. Of the girl-based programs, one program focuses exclusively on physical activity and providing this opportunity for young women, while the other 5 programs incorporate activity-based components into their programming as weekly activities, field trips, and/or recreational opportunities within community facilities. Program elements focused on self-efficacy include activities related to enhancing self-determination such as skill building sessions and hands-on learning sessions (i.e. cooking classes). Respect for diversity is also a predominant feature of most programs, with emphasis placed on people acceptance and cultural diversity in program planning.

Table 4

Individual Characteristics

Program	Individual/Personal Characteristics											
	PA	EA	BI	AD	RD	SE	DM	SF	MS	WC	G	C
Be Fit for Life	X	X	X		X	X		X				
Boys and Girls Club	X	X	II			X						
HEAL, Go, Away We Grow	X	X			X	X		X				X
Prevention Puppets	X	X	X		X	X	X	X	X	X	X	
Body Image Kits		X	X	X	X	X	X	X	X	X	X	X
Go Girl	X	X	X		X	X		X				
True To Myself	X	X	X	X	X	X	X	X	X			X
Starburst	X	X	X	X	X	X	X	X	X			X
Girl Power	X		X	X	X	X	X	X	X			X
Girl Zone	X	X	X		X	X	X	X				X
Girls Inc.	X		X	X	X	X	X	X				X

PA - Physical Activity/Active Living
EA - Eating Attitudes and Behavior
BI - Body Image
AD - Adolescent Development
RD - Respect for Diversity
SE - Self-esteem
DM - Decision-making/Critical Thinking
SF - Self-efficacy
MS - Managing Stress
WC - Weight Control
G – Genetics
C – Communication
II - Insufficient Information

The two characteristics of **eating attitudes/behavior** and **body image** receive the attention of nine of the 11 programs identified. A focus on eating attitudes and behavior is demonstrated by youth cooking classes, information sessions on 'healthy eating', nutritional guidelines and/or emotional eating, as well as the provision of explicitly healthy snacks during program periods. Two of the girl-based programs refrain from including this component in their programming. In terms of the characteristic of body image, body image is addressed in all but two programs, which are both obesity prevention programs. The majority of programs that do include this characteristic base their discussion explicitly on its' definition, its' importance and steps to take to improve individual body image. A portion of programs also focus on factors outside the individual, such as how body image is influenced and impacted by society, however these findings will be covered in the following section on socio-environmental characteristics.

The importance of providing effective **communication** skills is illustrated in seven of the identified programs and is predominant in girl-based programming. This focus appears to stem from the emphasis on confidence building and skill building upon which girl-based programming bases its' rationale. This characteristic is illustrated in discussion sessions developed to provided opportunities and encouragement for young girls to speak their minds and build their 'voice'. The majority of girl-based programs are centered on the goal of retaining girls' 'voices' as they enter and navigate through adolescence. Specifically, discussion based sessions enable young women to share their experiences, openly ask questions, and value the importance of effective communication skills.

The characteristic of **decision-making/critical thinking** skills is also included in seven programs, in both eating disorder prevention resources and the majority of girl-based initiatives. These skills also form the basis of several program rationales. To effectively navigate within the complexities of eating disturbances and self-esteem issues, these programs provide opportunities for youth to have access to accurate information from which to base their decisions, activities that challenge their views on the world and their own attitudes, while creating a supportive group setting from which to gain support for these decisions. While decision-making is an individual characteristic in that it focuses on the individual's skill building, the majority of programs that address this factor also place emphasis on critical thinking in regards to the various socio-environmental realities in our society (to be addressed in the following section).

Pubertal/adolescent development and **stress management** are each addressed by five of the programs. The Body Image Kits and four girl-based programs place emphasis on providing opportunities for youth to learn more about their own development, both in biological terms and also in social meaning. While a component of general Alberta Learning School curriculum, these programs appear to focus additional attention on the links adolescent development have to self-esteem, body image and the realities of young people's lives (i.e. open discussion of menstruation and anatomy within the comforts of a girl group). Stress management is also a skill that was predominant in the eating disorder resources and three of the girl-based programming. Emphasis on this skill took the form of educational sessions that brainstormed ways to effectively deal with daily stressors (particularly around bypassing the use of food as a comfort to stress).

The lowest ranking characteristic within the rationale and programming of the identified programs are factors concerning the issues of **genetics** and **weight control**, with both addressed by only the two eating disorder prevention resources, the Body Image Kits and the Prevention Puppet Program. The program component that includes these two aspects is information dissemination concerning both the theories behind the influence our genetics has on our weight and shape and the harmful realities of dieting.

4.1.2.4 Socio-environmental Level Action

The findings from the assessment of socio-environmental characteristics addressed by each of the programs will also begin with the overall highest-ranking characteristics found within the assessment (gender and role modeling) to the lowest ranking characteristic (social action). The full list of programs' socio-environmental characteristics is presented in Table 5.

The highest-ranking socio-environmental characteristics among the 12 listed are **gender** as it relates to eating disturbances and role modeling/mentoring, both addressed by eight of the 11 programs. One obesity prevention program, one eating disorder prevention resource and all of the girl-based programs emphasize gender as a key component of their programs. The obesity prevention program HEAL addresses gender through the formation of separate boys' and girls' groups, as it relates to recreational opportunities and educational sessions. The Body Image Kits focus on discussions based on gender differences and how they relate to body image and bridging the knowledge gap between male and female issues. The very nature and philosophy of girl-based groups addresses the issue of gender, in that these programs are exclusive to female youth, however many programs also go beyond this. Gender is addressed in the power behind

female discussion and sharing, how gender roles and expectations prevail in our society and how this relates to eating disturbances, individualized and specific recreational opportunities, and gender specific teaching and learning styles and approaches. Gender issues (in regard to specific programming and its' link to prevention efforts for eating disturbances) will be examined in detail in subsequent sections of this analysis.

Role modeling is a key component for the obesity prevention program HEAL, both eating disorder prevention resources and five of the girl-based programs. Role modeling is addressed through information-based approaches that explain the importance of role modeling in young people's lives, through program-based decisions on food policies and available food choices, teachers' and facilitators' roles and explicitly through the matching of mentors and the positive role modeling of the program staff. Specific examples of role modeling elements include teacher-based walking groups, the use of youth-friendly guest speakers and youth-adult mentorship.

The characteristic of **familial/peer behaviors and relationships** is addressed by seven of the 11 programs identified, including both eating disorder prevention resources and five of the girl-based programs. The focus on this factor ranges from discussion on the influence of families and peers on our body image, self-esteem, and decision-making to strategies on how to effectively negotiate within these relationships and the importance of a support system. This occurs within program discussion sessions, peer group activities, actual parental involvement in special events and activities, and family outreach activities.

Table 5

Socio-Environmental Characteristics

Program	Socio-Environmental Characteristics											
	SN	F	T	FA	PI	TT	G	MI	SA	WS	A	RM
Be Fit for Life						X						
Boys and Girls Club	II	II	II				II	II				
HEAL, Go, Away We Grow				X	X	X	X				X	X
Prevention Puppets	X	X	X					X		X		X
Body Image Kits	X	X	X		X		X	X		X		X
Go Girl					X		X				X	
True To Myself	X	X			X		X	X				X
Starburst		X		X	X		X				X	X
Girl Power	X	X	X				X	X				X
Girl Zone	X	X					X	X				X
Girls Inc.	X	X					X	X			X	X

SN - Socio-Cultural Norms	MI - Media Influences
F - Familial/Peer Behavior/Rel'	SA - Social Action
T - Teasing (weight-based)	WS - Weight Stigma
FA - Food Accessibility	A - Access
PI - Parental Involvement	RM - Role Modeling
TT - Teacher Training	II - Insufficient Information
G - Gender	

The two characteristics of **socio-cultural norms** and media influences are addressed by six of the identified programs. Discussion on socio-cultural norms, as they relate both generally and specifically to eating disturbances, is a key factor in both eating disorder prevention resources and four of the girl-based programs. This factor encompasses discussion and activities based on identifying, analyzing and critiquing the norms within our society that influence our attitudes and behaviors as they relate to eating disturbances. Within the programs that addressed this characteristic, there are varying degrees in which the program delves into the issues, with most in-depth discussion occurring in the girl-based groups.

Emphasis placed on the **media influences** involved in eating disturbances are addressed by both eating disorder prevention resources and four girl-based programs. Programs utilize various strategies to address this factor including information dissemination on the pervasive impact the media has on our society, specific media awareness critique and awareness enhancing activities, and efforts to combat negative effects of the media through self-acceptance. The lack of this emphasis from the obesity prevention initiatives is evident and appears to be a gap in their approach to prevention.

Parental involvement is found within five of the identified programs. This type of involvement within prevention programs is an integral component that will be further discussed in detail in subsequent sections of this analysis. All three types of prevention efforts have at least one program that incorporates some degree of involvement of parents and/or guardians, each with varying degrees of emphasis on its' importance and varying degrees of effectiveness in successfully reaching this population. Efforts to involve

parents and/or guardians include parent participation in specific program activities, family events, and separate parent educational opportunities.

Within the programs identified, only four address the factor of **access** in their programming, one obesity prevention initiative and three girl-based groups. Generally speaking, access is incorporated into the basic rationale behind these programs, in that they address a specific need in their community that often times involves a lack of opportunities or resources for a certain population of youth, be that recreational facilities and/or learning opportunities. Access is demonstrated through creating opportunities that a specific population of youth would otherwise not be exposed to (i.e. field trips to Banff).

Three programs, both of the eating disorder resources and one girl-based program address the impact of general **teasing** behaviors or specific weight-based teasing. The primary approaches used to address the teasing issue concern the influence teasing has on people's general self worth, brainstorming strategies to react to public teasing, as well as how to deal with it on a personal level. Obesity prevention programs are also visibly absent from this particular socio-environmental characteristic.

The socio-environmental characteristics of **food accessibility, teacher training** and **weight stigma** are each addressed by two of the 11 programs. Food availability is one of the considerations of both the obesity prevention program HEAL and the girl-based program Starburst. Both programs identify the need to address the lower income population targeted by the program through assistance provided to their families through crisis support and food assistance. In the case of the specific programs that focus their implementation in a school environment, only obesity prevention initiatives incorporate

teacher training into their programming. While most of the 11 identified programs have some capacity for facilitator and staff training, only Be Fit For Life and HEAL recognize the importance of teacher buy-in by providing supplementary information sessions for teachers. Weight stigma is also poorly represented within program implementation for only the two eating disorder prevention resources address the issue with any detail, and only do so solely on an information dissemination level.

The only socio-environmental characteristic to receive no attention from the 11 programs is the factor of **social action**. Many programs attempt to bring their discussion and activities to effect change on a societal level through social resistance and action, however from program documents, none appear to bring it past a level of dialogue. Although there are programs that make a point to look outside of youth's own individual worlds, none do so on a level that provides tools to actually effect change explicitly on a societal level. This characteristic will be discussed in more depth in a subsequent section on 'Creating Opportunities' (4.3.3.4).

4.1.3 Summary of Prevention Approaches

4.1.3.1 Obesity Prevention

Obesity prevention programs identified in this study are varied in their approaches; however their basic rationale focuses on increasing opportunities for physical activity and increasing knowledge and skill development on topics of physical activity and healthy eating. As a group of programs, although they received the lowest score for factors addressed within both individual and socio-environmental characteristics, it's important to note that the basis of this approach does not claim to address these factors in the first place. As obesity prevention programs are primarily based on the increasing

focus and concern of childhood obesity, their main activities are based around creating recreational opportunities to encourage physical activity and creating educational opportunities and environments to support healthy eating. Although the majority of program rationales do not explicitly address the socio-environmental characteristics related to obesity prevention, it is clear from the literature review that a comprehensive approach to the obesity epidemic would include such considerations.

As the aim of the three obesity prevention programs is to facilitate efforts toward increasing youth's physical activity, the programs do target factors to reach this end. With a focus on personal skill development as their core strategy and highlighting individual characteristics over socio-environmental ones, these have a direct fit with their rationale. The more holistic of the programs that aims toward a comprehensive school health model factors in more socio-environmental characteristics due to its additional focus on creating supportive environments through policy changes, increased opportunities for physical activity, parental involvement and addressing food availability issues within the school and home. With the purely physical activity-based programs with their aim to get kids/youth moving through presentations, recreational opportunities and facilitated activities, focus is limited to the priorities of active living, eating attitudes and to varying degrees on body image.

It is clear that obesity prevention programs are focused on individual level behavior change, for there were only limited attempts to go beyond to address the familial and peer, school, community and societal influences and factors. Program planning does not appear to engage direct involvement of youth, although feedback is certainly taken under consideration through program evaluations.

4.1.3.2 Eating Disorder Prevention

The eating disorder prevention resources are quite similar in their intent of facilitating interactive discussion and critical thinking in regards to promoting self-esteem, people acceptance and body image, as well as their unique facilitation approach. With almost an equal priority placed on both individual and socio-environmental characteristics addressed within their resources, both resources aim to challenge youth through interactive and fun activities built on critical thinking skills.

Eating disorder prevention focuses on the individual behavior change level, however it does go beyond this level to address the socio-environmental influences as evident through activities based on familial and peer influences, school factors and societal factors. While there doesn't appear to be evidence to support youth's direct involvement in planning, engaging youth in an interactive and empowering manner is central to the prevention approach.

Eating disorder prevention as cited in this study is grounded in a wellness-based model of health and experiential learning, acknowledging the mental, physical and social aspects to health. This approach to prevention focuses on issues of body image, discrimination based on appearance, and valuing our individual differences. This approach to prevention, through its' rationale and activities, recognizes both sides of the spectrum of eating disturbances, although with greater emphasis on size-acceptance and a non-dieting approach to health.

4.1.3.3 Girl-Based Groups

In addition to a focus on the individual level, girl-based groups include program activities based on familial and peer influences, societal factors and in some cases school

and community factors. Group sessions are based on both the input and feedback from the participants, continuously factoring the needs of young women and their interests to support and guide activities and sessions. With rationales based on enhancing self-esteem through the opportunity for new experiences and discussion, girl-based programs are keen on using youth empowerment as a guiding principle of their programming, as evident in their emphasis on self-esteem, decision-making, self-efficacy, managing stress and communication.

The current knowledge cited for girl-based programming focuses on adolescent girls' decline in self-esteem and the impact this has on eating disturbances. This also includes a whole host of other factors that impact their life, including cited inactivity patterns and behaviors in adolescence. Specific components related to girl-based programs address self-esteem and physical activity through the effectiveness of group work and self-expression, the positive role of strong female role models, peer group based program delivery (that addresses unique learning styles of girls), the connection between the personal as political and great efforts to engage the interest of the youth.

While not explicitly a prevention approach to eating disturbances, girl-based programming focuses on a broad umbrella approach in which they target a variety of prevention issues, through a focus on self-esteem and providing opportunities that impact on a physical, mental and social level, and guided by the teachable moments in every day interactions.

4.2 The Role of Evaluation

The following evaluation section corresponds to the second research question of identifying the current effectiveness data for the identified programs. Evaluation issues

were frequently cited throughout the interviews, primarily with respect to implementation challenges. Consistent with this theme, the present study reflects the reality behind this challenge, illustrating the lack of quality, comprehensive evaluation data. Subthemes include: effectiveness of the various programs, challenges faced within the evaluation process and alternative methods used to evaluate programs.

4.2.1 Evaluation of Effectiveness

Out of the 11 programs identified for this study, only five provided evaluation data on their programs. Among the five, there was a high degree of variation between the quality of effectiveness data provided and whether or not specific conclusions could be drawn from the evaluation documentation. Of the five programs, evaluation reports were available for one obesity prevention program, and four girl-based programs, consisting of both formal and informal evaluation reports. Many of the programs that were unable to provide evaluation data did however, report preliminary planning for future evaluations, program/session evaluation forms for both participants and facilitators/teachers, anecdotal feedback presented within other program documents, and statistics on program operation within the province.

This study is therefore limited in its ability to draw concrete conclusions on the effectiveness of the various programs' approach to prevention. Due to the lack of evaluation documentation, the lack of long-term outcome data, and the quality of some of the evaluations provided, critical assessment of the evaluation data is restricted. Despite these limitations, it is clear that the majority of evaluation data available indicated an increase in participant and/or student knowledge. Evidence of such knowledge gains was

cited on topics such as healthy eating, type 2 diabetes, individual health and well-being, community services, and relationships.

In addition to knowledge gains, one of the obesity programs also demonstrated the establishment of a healthy school environment, including enhanced teacher buy-in, the provision of healthy snacks and the addition of a 'no junk food' policy in one of the participating schools. The data indicate that the program achieved success in promoting and celebrating healthy choices within the school environment. While recognizing that behavior change takes time, future considerations for this program include a focus on enhancing parent involvement and integrating healthy eating and active living messaging into the school curriculum.

The sole evaluation report for the eating disorder programs indicated the ability of the program to alter negative stereotypes. However, informal teacher and student feedback on such programs are positive and promising. Within girl-based programs, effectiveness data indicated (in addition to knowledge gains) an increase in self-esteem, increased participation in positive activities, increased communication with parents/guardians, and enhanced relationships with role models, peers and mothers. Data from one program illustrated success in preventing a further decline in self-concept, highlighting the importance of mentoring opportunities and the importance of providing long-term, comprehensive, multidimensional programming. Many of the girl-based programs also demonstrated positive feedback from the participants in regards to the programs and/or events, the participants' enjoyment of the program and their increased confidence to try new recreational activities. Attempts have been made from such data to

connect activity levels to television viewing, teen issues, and peer and family relationships, however are limited in support at the present time.

In regards to general prevention efforts and their effectiveness, the data clearly illustrate the need to integrate the lessons learned from programs into future program and evaluation design. Whether from formal or informal evaluation documentation, there is much to be learned from the challenges programs face conducting evaluations, as well as with the findings that are presented. By addressing both the strengths and weaknesses of programs, evaluations can improve future initiatives (Neumark-Sztainer, 1996). Consideration of realistic and measurable program objectives is also important and must take into consideration specific age levels and program durations. As was the case with many of the identified programs, their program goals did not match with what could be effectively measured through an evaluation, as well as what could be realistically expected during the often time short program duration.

Evidence presented in the literature has also found a lack of evaluation data for prevention programs focused on eating disturbances. Available data have primarily focused on short-term changes in knowledge and attitudes, as also illustrated within this study. In general, "outcome evidence has not strongly supported the emergence of any single model for the primary prevention of eating disturbances" (Rosen & Neumark-Sztainer, 1998), citing the importance of program evaluation.

Interesting to note and providing support to this study's main findings are results provided by the Alberta Health and Wellness study *Review of the Effectiveness of Health Promotion Strategies in Alberta* (Thurston et al., 1999). The study was conducted to assess the contributions of health promotion programs, with findings that also indicated

limitations in the ability to draw conclusions on the effectiveness of health promotion. The main reasons cited included the lack of evaluation documentation and long-term outcome data, as well as concern over the quality and design of the evaluations provided. The study's recommendations included increasing emphasis on the use of multiple health promotion strategies and multiple determinants of health, promoting intersectoral collaboration, and encouraging standards of evaluation (Thurston et al., 1999). Therefore, the 11 programs identified and examined within this current study are consistent with other Health Promotion programs in the province.

4.2.2 Challenges

There is a clear discrepancy between the reality of how programs are able to evaluate their success and the need for clear effectiveness data. While most programs are aware of the importance of evaluation, as illustrated by an informant from an eating disorder program who said, "we need to formally do an evaluation process…", many programs for various reasons, do not heed program evaluation as one of their top priorities. During discussion on the subject of the priority of evaluation within their program planning, one informant admitted this sentiment, saying "but the timing isn't quite there yet, I don't think for this. I think we have to get a few more things in place first".

This is especially relevant when programs are focused on issues related to self-esteem, for measurement concerns become the reality. As a key informant from a girl-based group asserted, "…I think a lot of it is to increase self-esteem, but as [name of evaluation consultant] very aptly pointed out, increasing self-esteem is the hardest thing to measure and what does that mean?" With measurement issues at the fore front of

discussion, another informant from a girl-based group went further to say "…I know how difficult it is [evaluating self-esteem type outcomes]…My hope is that by doing something is better than doing nothing and that you have to start somewhere". From this discussion, it becomes necessary to question prevention programming and their ability to potentially do more harm than good. Where is the line drawn between prevention programs with no accountability in the form of outcome evaluation as to the benefits of their approach and the difficulties inherent in evaluating these types of programs in the first place?

Program informants remained concerned over whether or not what their program designs are valid approaches to prevention. Without large amounts of literature or data to prove prevention program effectiveness, program informants are left feeling overwhelmed and confused. For example, an informant from a girl-based program expressed concern saying,

> I think about things we've done in the past where we know now it doesn't work or is wrong…So I just think with some of the stuff we're doing that maybe some of what we're thinking is okay is not. I don't think any of it is, is going to be detrimental, but I would rather have a positive impact than no impact.

While concerned about the effectiveness of evaluation data, discussion also illustrated that informants still believe that whether or not they can prove their program's effectiveness at this moment, they do not feel they should halt efforts at making a difference. For example, an informant commented, "…so whether or not we can prove it right away, it still needs to be there".

In addition, there was also the concern stated by an informant in relation to what qualitative evaluations can even say about a program. The informant from a girl-based group commented, "…the problem with qualitative stuff, it's always, you can always read into it. You can always make something more…look like it has an influence when it doesn't…" Therefore there was discussion around whether the meaning behind the program and its real life impacts (noted through anecdotal evidence) could be properly described based on a structured evaluation design. The same informant went on to say that "…so that's why sometimes the whole outcome evaluation thing, I think it's important to do but I don't know how to do it in a way that really captures meaningful information". This concern was taken to another level with an obesity prevention informant's apprehension over how much attribution of impact can be made to a program, saying "…I have no idea, we don't know whether we were responsible for that. There could have been a whole host of other things that have intervened…"

Another huge challenge with many programs was the additional cost associated with carrying out extensive program evaluations. Through discussion on this topic, an informant from an eating disorder program reflected, "I believe that we will eventually have these evaluated…it's pretty hard to put more money out to evaluate". In some cases, evaluation is thought to be a huge undertaking that involves complicated design and large quantities of external expertise, with credibility as a success a driving factor, as suggested in the comment "My hope would be that we could find somebody in the States…who would be willing to do an international evaluation with us…that gives us more credibility".

Without quality, comprehensive evaluation data on prevention approaches, it is important to take into account the potential for outcomes counter-productive to a holistic view of health. Although it is clear from these data that professionals working in the field of prevention have the greatest of intentions, it is important not to assume that these good intentions necessarily have the power to bring about positive results in youth attitudes and behavior. In addition to their other purposes, program evaluations must address any potential negative effects within prevention approaches and interventions (Paxton, 2002). It is also clear that programs must factor in both process and impact evaluations at the onset of program planning and implementation (Neumark-Sztainer, 1996).

4.2.3 Alternative Methods

In the study, program personnel frequently discussed their own style of program evaluation methods, either in addition to formal evaluation designs (as in a small number of cases) or in substitution of formal evaluations (due to the various challenges cited in the previous section). A key informant from a girl-based group explained the practical basis of her informal process evaluations within her program, saying "...then we would do it, and some things would work and some wouldn't and then sort of refine it. And it's still [in the] process of refining it [program components and activities]". Trial and error was also referred to as methods in which to gage interest and effectiveness of various program components, as one informant asserted by saying "for all that working and we'd have one or two parents show up, so it wasn't working". Fine tunings of programs and modifications were based on both this method as well as anecdotal information.

Anecdotal evidence formed the basis of the majority of program outcome evaluation processes. All programs relied either exclusively or partially on the feedback garnered by program participants, program facilitators, teachers and/or school administration, and/or parents/guardians. As one informant described the manner in which she knew the effectiveness and impact of the program (in addition to a formal evaluation) she explained, "…certainly those girls give feedback of direct benefit…" For programs that may rely exclusively on anecdotal evidence, one informant from an eating disorder program placed great significance for the program's impact on statements that support the program saying, "the anecdotal is what we're going by now and I mean people who have seen this and people who have used this absolutely endorse it".

Informants also discussed the significance of having personal knowledge of effectiveness through practical hands-on implementation of the program, with an informant stating, "…little outcomes like that are really important besides from the fact that I can see the visible changes in the girls…" Discussion within the interviews appeared to center around the theme of knowing the success of their programs with however limited effectiveness data, as an informant from an obesity prevention program described "…we believe strongly in the small successes that we've had…we know that we are making a difference for some of these kids". The daily implementation of a program enables program facilitators to observe throughout as evident in an informant's comment "…I'll go down to the lunch room and see what they're eating…the kids' lunches are for the most part excellent".

Feedback from program participants are also powerful illustrations of the effectiveness of a program, whether or not the evidence can be presented on paper, as

supported by the comment by a girl-based group informant, "because all of them will say 'I would never have been able to do that without [name of program]". A key informant from an eating disorder prevention program mirrored these sentiments in saying "…evaluations from students that we got…were absolutely phenomenal…for how they've seen a difference in themselves". It is also difficult to argue with strong parental feedback backing the success of programs, such as one informant's recollection, "and parents saying 'I see a change in my daughter'…".

Despite clear anecdotal and observational successes, in general the informants were consciously aware of the need to prove their programs' effectiveness through articulated evaluation designs. For example, one informant from an eating disorder prevention program asserted "so, anecdotally we're doing great. We know we need to substantiate it and we will in time". The main message coming across from the programs was that they knew of its' importance and were making steps toward integrating evaluation into their program planning and implementation. An informant reflected on this discussion and asserted, "…I think what was important was just getting an idea that we were having some sort of impact…it would be interesting to do follow-up a couple years down the road with the same girls…that would be so wonderful".

While evaluation is deemed an integral and essential component to any prevention program, the logistics and challenges in doing so cannot be overlooked. As exemplified by a comment made during an interview, an informant from a girl-based group gave her opinion as,

> …Id' like to see someone come in and do a really, really good research study and sort out what really works and what doesn't. Because as with anything, when

you're working out in the field, you see an issue or a problem and then you sort of go with what you think might work. And so a lot of what we do…you have an ideas based on your own experiences and what you know and what you've read and you think this might work. And I think lots of time our instincts are pretty good but it would be good to know really, truly if that works or not.

4.3 Interpretation of the Findings

The following interpretative piece is divided into four main themes. The sections capture the four thematic areas that emerged from the interview and focus group data. All quotes have been taken from both interviews and focus groups and will be offered as evidence to support the study's findings, providing clear direction for the discussion that follows. Without changing the meaning or substance of the quotations, minor edits were made to the statements to ensure readability, including the removal of the phrases 'you know' and 'um', and the addition of supplementary words in square brackets.

The theme naturally emerging throughout the process of data collection that immediately caught my attention as a significant issue for further exploration was the varying conceptualizations of "health" within prevention approaches and within the lives and minds of the youth targeted. Other themes arising from the data were related to role modeling, creating opportunities, and gender. For organization and clarity, the four main themes are also divided into various subthemes. The following themes will be presented as an integration of both findings and interpretation, to simplify the flow of this document and to provide a comprehensive discussion on each theme.

4.3.1 The Conceptualization of "Health"

Within public health messaging, the obesity epidemic has created a response that supports and encourages the maintenance of a "healthy weight" (Burns & Gavey, 2004). Within this study, the varying concepts behind "health" and "healthy weights" emerged from the data as a key theme. Through critical analysis of the data, the informants illustrated varying and conflicting perspectives on health, ranging from discussions on a weight-centered approach to health, to a size acceptance viewpoint. Explored as subthemes, discussion will be framed around the integrated approach for the prevention of eating disturbances, followed by separate sections to link both obesity prevention and size acceptance approaches to the study's original thesis.

4.3.1.1 Integrated Approach for Eating Disorder and Obesity Prevention

Many of the informants made a link between the two perspectives of prevention, recognizing the discrepancies between obesity prevention and eating disorder prevention messages, as well as acknowledging the commonalities and the need for the two fields to work together. The informants believed that the commonalities between the perspectives rested in the causative factors related to general eating disturbances. Reflecting on the spectrum of eating disturbances, one informant from an eating disorder prevention program said, "…I think we need to look for commonalities instead of differences [between the two fields]". The same informant stated "I think those skills that cause a child to eat or not eat…the causative factors are exactly the same, it's just psychologically, one child tends to go the other way from the norm". The final goal of health was given as a response to be taken into consideration when discussing both the similarities and differences between approaches, taking care not to lose sight of best

practices within both fields. As expressed in straightforward terms, an informant from an obesity prevention program said "…because we want our kids to be healthy. We want out kids to be happy. And we want them to make the healthy choice…"

Concerns related to the mixed messaging of the two approaches reflected the informants' strong opinions of the dangers inherent in promoting one message over another. As a key informant from an eating disorder program commented, "…there is some question now whether obesity prevention measures are actually going to be promoting unhealthy eating and body image concerns". The same informant went on to say "…sometimes the messages [of obesity prevention] do conflict very strongly with body image satisfaction messages and self-esteem messages". Although some informants expressed uncertainty whether or not all people working within prevention would be comfortable including a holistic perspective into their programming, there was hope for future initiatives to be more aware of the broader spectrum of eating disturbances. For example, one informant clarified her position by saying, "…I believe that you need to effect as much as you can. It doesn't work to just do one thing or another".

To achieve the goals common to both ends of the spectrum, the aim for healthy children, consideration must include the "intellectual, physical, emotional, social and spiritual development of the whole child, every child" (Berg, 1997, p.20). Based upon the perspectives provided by the program informants regarding the need to address a broader focus of eating disturbances within prevention programming, it is clear that an integrated approach needs to include "consistent messages that encourage normal eating, active living, self respect and an appreciation of size diversity" (Berg, 1997, p.20). Based on the informants' recognition of its importance, it becomes apparent that the food and

weight-related disciplines need to reflect and take action on both sides of the spectrum of eating disturbances when developing prevention interventions (Neumark-Sztainer et al., 2002), as well enabling lines of communication between fields to remain open.

As many of the predictive and contributing factors for both obesity and eating disorders often times co-occur for youth, strategies must make allowances for both within programming. In addition to emphasis on physical activity and healthy eating, programs need to address body image issues and unhealthy dieting behaviors, regardless of weight status (Neumark-Sztainer et al., 2002). The informants' discussion and opinion (both implicit and explicit) on the commonalities between approaches to prevention provide the basis of both this thematic area, as well as subsequent findings presented.

4.3.1.2 The Meaning of "Health"

The research study highlighted an immense discrepancy between what 'health' means to the people working within the field of prevention programming versus the youth perspective and their differentiation between 'thinness' and 'health'. From interviews, the focus group and program observations, this discrepancy became a clear concern within my critical evaluation of the programs, where I began to question whether the messages of healthy eating and physical activity could have the potential of becoming misconstrued and harmful if children and/or youth equate 'healthy' with 'thin' and 'unhealthy' with 'fat' or overweight'.

To support a holistic perspective of health within prevention efforts, a key informant from a girl-based group clearly stated her views as,

> I think there definitely has to be that broad range…because I don't know how good the outcomes are going to be if all you focus in on is health and fitness…I

don't know what the benefit, the long term [benefit], [when] so many other things are [missing].

To further illustrate this point, another informant from an eating disorder prevention program described their program perspective by saying,

> [The program] was so much more than incorporating healthy eating and active living. What it incorporated was children working together in groups, children finding their voice, children hearing what other children have to say, surfacing ideas instead of telling ideas.

In the study it was clear that the messages of healthy eating and physical activity were either the main subject matters or included within programming for all prevention approaches. Informants described youth perspectives and youth attitudinal and behavior changes through the programs' success stories. For example, as illustrated in the comment made to an informant from a youth "I drink water and sometimes juice', but she said 'mostly water and I never drink pop anymore'. Healthy behavior change is of course the goal for many prevention programs however my concerns encompass how youth internalize this change, whether they make the change from a concern of living a healthy lifestyle or if implicitly the changes are more the outcome of a desire to be thin. From my program observations, I question whether youth are acting from the knowledge that that junk food is unhealthy solely because it contributes to weight gain or whether general wellness is their motivating factor.

A key informant relayed the following story based on a recent newspaper article that ties this topic together. From the perspective of a young woman when asked to respond to the views behind the recent documentary 'Super Size Me', her comment

centered on the fact that she spends at least $10 a day on junk food and believes this whole subject area to be a big joke. In her mind, she doesn't understand why she can't eat at McDonald's all the time because she is thin. She views herself as thin and therefore healthy. The informant who referenced this story was concerned with the fact that this young women would soon see the effects of eating junk food by the changes in her appearance, by saying what she wished she could say to this particular young woman "...you need to understand, that if you go to Mac's all the time when you're 16, then you're going to get used to eating that kind of food and let me see what you look like when you're 40". By basing her comment solely on what this girl would look like physically when she was older reinforces the view that equates an unhealthy person with being overweight and that by eating junk food this person would soon become fat, let alone the unhealthy status of her body right now or in the future.

It was clear that there is a degree of assumption that health can be viewed and determined by the naked eye and based solely on physical appearance and the amount of fat on the body. When referring to the overweight youth in her program, a key informant explained that "...we are certainly cognizant of some of out kids who certainly are overweight and obese. But what we've tried to do is get them more active and start to look at portion size and start to look at what might be healthier choices". Fitting with messaging to encourage physical activity and healthy eating, this comment is line with the general obesity prevention messages and represents a valid perspective on preventing overweight in children.

However, it is also important to consider that by quantifying health as an entity solely to be measured based on physical appearance, the prevention message may be

reinforcing the idea that being overweight is more the issue than actually being unhealthy. The concern lies in the reality that youth who are considered 'thin' yet who are eating unhealthy food are often times off the radar. To embrace a holistic definition of health, care must be taken to direct healthy eating and active living messaging to all youth, regardless of their current weight status and make efforts not to single out only those who are deemed overweight.

Recognizing the obesity prevention side of this argument highlights that childhood obesity is indeed rising and that there are serious health consequences to take into consideration. I do not debate this point. The foundations of providing children and adolescents with lifetime physical activity and healthy eating behaviors is definitely in their best interest and critical for them becoming healthy adults. These data do however suggest that too strict a focus on just issues of weight could potentially cause additional harm to youth's mental health. Concern with the weight stigma related to overweight youth within prevention programs is illustrated from an informant's comment following the interview, where the she expressed her concern around how young women who were overweight could wear such short skirts and small clothes? From the informant's perspective, she questioned how such young women, because of their size, could think that showing their fat could look good. This is weight stigma and is present within prevention programming.

There is a widespread acceptance among our culture that equates overweight bodies with ill health (Burns & Gavey, 2004). As defined by the Ottawa Charter for Health Promotion (WHO, 1986), the prerequisites and the strategies to achieve health succeed in stepping beyond the individual factors of diet and exercise to a holistic

discussion on the many aspects of a person's life. This viewpoint is shared within a sociological approach as well, bringing focus to the social context and social issues of food and weight, moving away from the emphasis on individual responsibility (Sobal, 1991, as cited in Germov & Williams, 1996). This holistic interpretation that incorporates physical, mental and social well-being as a resource for daily life (WHO, 1986) is not evident in all program approaches, as illustrated by the various program rationales.

4.3.1.3 Obesity Prevention

Within an obesity prevention perspective, the interpretation discussed in the preceding section could be viewed as in opposition to the goals of healthy eating and active living. However, the data revealed that many program informants had various opinions related to their perception and experiences within obesity prevention initiatives, including the limitations of current approaches and visions for the future. Limitations of the steps taken within the obesity epidemic were discussed on the basis of challenging the concepts behind weight related stigma. For example, a key informant from a girl-based program commented,

> …I know obesity is going to lead to health problems and I know all of that but telling people they're bad or wrong is not a way to go about it or isolating them from the rest of the world, I don't think is really beneficial. So I think that obesity…I know that there are goals [that] are good, as with anything, it's how you get there that may be in question".

Strong opinions were also focused on the concept of dieting and the potential harmful consequences that it may have as a result of many obesity prevention messages,

especially if youth misinterpret eating healthy with dieting. For example, an informant from an eating disorder prevention program commented,

> ...dieting is never a solution for children...it's not a solution for kids who are overweight...physical activity, self-esteem and other skills filling the portion where a child relied on food. Or maybe a child isn't overeating, it's just their body type.

The major emphasis on future goals for prevention centered on television viewing, creating a healthy relationship with food, and creating opportunities for daily physical activity. For example, one informant from a girl-based group said,

> I think they have to really promote the idea of not watching television and doing that at a very [young age]...so that [curbing television viewing], plus the idea of giving more options for physical activity and to have it as part of everyday.

Enabling children and youth to form a healthy, beneficial relationship with food was highlighted by one informant who commented on how she views concepts of moderation, saying,

> Go to McDonald's once in awhile if you really want to, deprivation is not a good state. And I think that's what lots of the, the whole obesity thing is people feel deprived and when they feel deprived they go crazy [eat more].

The key informants reflected on physical education in schools, with one informant commenting, "it's supposed to be all inclusive, it's supposed to be affirming of every individual in the classroom, independent of weight, shape or physical ability. But the reality is, is that it doesn't always happen like that". As a step for the future, another informant emphasized the following point saying,

> ...they need to have really good, they need to have more emphasis on good phys ed teachers and having phys ed teachers who also talk about some of the attitudes and beliefs and do more health promotion as part of phys ed. [Be]cause I think that is the biggest thing with obesity. Why, why has the obesity rates gone up so much. Why are there so many North Americans obese? We're so into fast food everything, we also need to talk in social studies about other cultures and different philosophical beliefs about not always getting things right now. Sometimes you have to wait. There's some advantage to waiting and not this immediacy thinking. So I think there's a bunch of different levels it has to be hit at. I don't think there's one easy solution.

Linking the informants' concerns of current obesity prevention initiatives to the available literature on the subject, Hoek (1995, as cited in Austin, 1999, p.246) asserted "by failing to consider the intersection of food, bodies, and diet in its cultural complexity, public health gives a scientific credibility to our society's obsession with dieting and loathing of fat...". In reference to the discussion on dieting, Neumark-Sztainer et al. (2002, p.171) summarizes the limitations with focusing too narrowly on only weight related definitions of health within healthy eating and active living messaging, commenting,

> It could be argued that we need not be concerned about weight-related concerns and behaviors in light of more pressing concerns regarding obesity. However, there is reason for concern if non-overweight youth are attempting weight loss and if unhealthy weight control behaviors are being used by youth, regardless of their weight status. As with obesity prevention, questions exist regarding the

most effective strategies for preventing excessive weight concerns and unhealthy weight control/disordered eating behaviors.

In reference to physical activity and television habits, many studies have indicated a link between the time children and adolescents spend watching television and the prevalence of obesity. Studies found that decreasing the time children and adolescents spent in front of the television also decreased weight gain. Other sedentary behaviors such as video games and computer use have also been implicated as contributing factors to overweight, although there is limited data to support this link (Dietz & Gortmaker, 2001).

4.3.1.4 Size Acceptance

As it relates to the conceptualizations of health, discussion on issues of size acceptance takes a strong perspective on the emphasis of mental health. Reflecting on the need for size acceptance messaging, an informant from an eating disorder program said,

> …we need to be accepting of children and I think that whether a child is anorexic or, or obese, they're still children and their hopes and dreams for the future shouldn't be determined by their outside appearance. I believe that they need to feel strong enough about themselves and their potential as human beings to move forward, independent of their size.

Linking this perspective to obesity prevention, the informant asserted,

> It doesn't take very long for a child [to] feel that they're too fat. Even children who are of normal weight, are feeling like they're too fat. So what does obesity

mean? Those kids think they're obese. It becomes mental health and to give people pride no matter what the shape of their body.

Taken a step further, size acceptance becomes a broader term to encompass people acceptance, as reflected on by an informant who commented,

> ...to me it's just people acceptance, it's different than a body. I think that maybe we need to look at skills people [can] adopt. How they handle stress...it isn't a matter of dieting as it is a matter of mental health. Because I think that one leads right into the other.

Informants spoke about program messages that support this perspective. One informant from an obesity prevention program shared the manner in which she speaks about size acceptance to youth, saying "I keep telling them 'we come in all different shapes and sizes, all different flavors of the week...". While messages such as these are valuable, care must also be taken to have activities and programming that reinforce these sentiments, role modeling these positive behaviors and attitudes about people acceptance. Being 'different' however is a touchy subject when working with children and adolescents. With the goal of trying to enable youth to appreciate themselves as individuals, there is a multitude of influences pressuring them to all look a certain way, invariably meaning looking a certain size.

Programs with a focus on appreciating unique differences and loving their bodies regardless of weight or appearance have a steep hill to climb in terms of getting through all the media and cultural messages. A key informant from an eating disorder prevention program expressed her views saying, "...instead of feeling badly because you are different, we are hoping to value those children because they're different and to see how

all those differences fit together". Program participants themselves had strong opinions on the subject, challenging the way the world works, yet feeling frustration in how to make changes. As one informant from the focus group shared "I think people jump to conclusions or they judge you automatically on what they think who you are, what you look like, even though they don't know you". Another participant in the focus group emphasized that underneath all the pressure of trying to fit in with others, it was important to have her own identity, saying, "I don't want to be like everybody else, I want to be who I want to be". For this young woman the girl-based program supported her in this quest by enabling her to find her own voice.

It is however, interesting to note from post interview discussion with an informant from the girl-based group that from her experience the sessions explicitly focused on 'body image' were met with hostile resistance from the young women. The young women made it clear that they weren't into discussion on the topic. Potential reasons for this resistance cited by the informant were that the girls believe the activities on body image are futile because of the fact that they hate their bodies and they feel nothing will alter that. Labeling sessions 'body image' sessions appeared to conjure up negative reactions in the girls.

In addition, during two separate program observations of both an eating disorder prevention program and a girl-based program, it also became clear the degree to which young women are appearance obsessed and how this impacts the approach of programming. The blatant fat prejudice and stigmatization was apparent through observing the dialogue of the young women within the program sessions. The young women openly commented on their own and other people's body size and shape, giving

the very distinct impression that they are seriously afraid of becoming 'fat'. During a program observation of an eating disorder resource, a video was shown to a group of young women. The young women expressed comments of "yuck" when overweight bodies were shown on the video. It is unclear whether these reactions were for show and to show 'coolness' or if the young women were really able to internalize the messages.

For young women, thinness is associated with popularity, dating and success (Paxton, 1999, as cited in Piran et al., 1999). As stated by Berg (1997, p.15) in her book entitled *Afraid to Eat: Children and Teens in Weight Crisis*,

> To be overweight is to fail. It's irrational, but kids are succumbing to the same destructive cultural messages about body weight that plagues adults. Instead of growing up with secure and healthy attitudes about their bodies, eating and themselves, many kids fear food and being fat.

The stigma of obesity and overweight is an attitude learned in early childhood, with children associating words such as stupid, ugly and sad to people who are overweight (Hill & Silver, 1979, as cited in Cogan & Ernsberger, 1999).

What then are the answers we can take into prevention programming? What is the balance between the emphasis on eating healthy and enjoying an active life (which is unfortunately often times construed as dieting and exercise) and accepting all sizes and shapes, regardless of overweight status? What is prevention's role in facilitating environmental change? The following discussion relates to the strengths and weaknesses of current prevention programming and will attempt to provide a starting point for discussion and further the exploration of integrating both obesity and eating disorder prevention.

4.3.2 Role Modeling

In an ideal world, young people from a very early age would have strong positive influences in their lives, people to continuously reinforce their worth (outside the bounds of their appearance), to challenge society's perception of health and the ideal body shape and size, and model healthy relationships with food and physical activity beyond the confines of a dieting mentality. Within programming for prevention of any type of focus on eating issues, body image or self-esteem, without a clear and direct focus on the responsibility of role modeling behaviors, I fear that any positive gains in individual capacity will be minimized without an equal effort on socio-environmental factors.

As enormous a goal as it seems to make changes in the very fabric of society to create a culture that accepts people as they are, enables people a healthy and satisfying relationship with food and physical activity and allows people to move beyond appearance obsessions, within youth programs it becomes a more attainable and realistic goal to begin with the immediate people in children and adolescents' lives, namely parents and school staff. As role modeling attempts to make changes on the social environment, "the greater the change in the wider school, family and social environment in body image attitudes, the more changes made by individuals are likely to be supported and maintained" (Paxton, 2002, p.23).

Successful efforts made to effect change on the socio-cultural factors in youth's lives advocate that programs simultaneously work with peers, families and other adults to transform values and practices related to food and weight (Levine & Piran, as cited in Striegal-Moore & Smolak, 2001). Best practices and evaluation of various prevention programming continuously report that success is dependent on the simultaneous

involvement of adults. When adults join youth in the goal to challenge the cultural (as well as physical) environment in relation to food, weight and body image, this enables them to take greater responsibility for the context of youth's lives (Kater, Rohwer & Londre, 2002).

Within the three types of prevention efforts, the theme of role modeling/ mentoring was evident through the role modeling of positive behaviors related to eating, physical activity and support. During the interviews, the informants identified the importance of role modeling behavior by the facilitators of programs, both the teachers and the school environment, as well as the parents and/or guardians of the youth. These three classifications of role models will be presented as the subthemes. The data clearly illustrated the significance of role modeling and how integral it is to the prevention of eating disturbances in youth.

4.3.2.1 Role of Program Facilitators

Within girl-based programming, there was a clear priority placed on the value of providing positive women role models for the participating young women as evident through a discussion with one informant who said, "…I think it's important for these young girls to have access to smart young women". The selection and role of the program facilitators of girl-based programs appeared to be based on this role modeling quality and the unique contribution and impression that the leaders are able to make upon the group. The key informants acknowledged the great emphasis placed on how both the words and behaviors of the leaders can have an impact on the young women they are working with. For example, a key informant commented, "…I think a huge part of it is

the leaders and they can do anything and it has an impact. And we stress to them 'you are role models".

The key informants made it clear that the programs make it explicit to the leaders how important their role is, suggesting that if that's the one thing the young women take home from their participation in the group than the program made a difference. Informants discussed the idea that for a young woman to retain positive memories of their leader as a strong, cool, capable, honest woman than the idea is that this will go beyond any tangible informational resources given. Such as the acknowledgement by one informant who said, "I have no illusions [that] [t]he going in and talking about body image is going to make a huge impact in their life..."; a reference to the significance of the role modeling aspect of leaders.

Program contacts also discussed that the program leaders' role goes beyond the role modeling of positive female characteristics to the deep, interpersonal connections made between the group participants and the leader. Program informants reported that having a person in the young women's lives with whom they can trust, look up to and connect with on a personal level provides the young women with a stable relationship in their lives. Being accessible to the group as a person to confide in and share their experiences with, builds a whole new component to the importance of role modeling and enhances the supportive connections important to the positive development of young women (Levine & Piran, as cited in Striegal-Moore & Smolak, 2001). There are times when the young women just need someone to sit down and talk with, showing that they care.

Parents are also provided with a sense of security in knowing that their daughters have someone in their lives. An informant related her views on how the parents feel saying, "there's a sense of peace [knowing] [their] daughter is going through something but [they] can probably trust that she's talking to [leader] about it". From program observations of one of the girl-based programs, it was clear that the leader's close connection and relationship with the group and the importance placed on the positive role modeling aspect to her job description was the key to the program's effectiveness and success. Within a focus group of a girl-based program, a participant expressed how she felt about the facilitator by saying "If we actually really, really need to talk about it, we, I think most of us go to [leader's name]". Most of the young women within this group reported similar sentiments to the following: "Yeah, our supervisor is awesome. And she's not even a supervisor, she's a friend". They are very upfront in admitting their close connection with the facilitator.

The informants felt it was important to acknowledge that the unique skills and interests of the leaders also have a great impact on the young women's behaviors, values and opinions. For within the structured activities and programming, informants shared that there are countless teachable moments, where the leaders have the opportunity to talk and interact with the young women, challenging their views. The informants felt that the variety of different women role models presented to the young participants is important so that they can see for themselves the various shapes, sizes, interests and roles of different women in our society. Instead of the one ever-present ideal depicting in the media of how a women is supposed to look and act, the leaders are demonstrating that women can look many different ways, be interested in many different things and view the

world in many different ways. One informant explained the variety in women role models as "…so they can see that there's choices, because it's about making choices".

The program informants also discussed the role that the leaders have in challenging the young women through sharing their experiences and opinions, challenging them to look at issues from different perspectives, talking about 'real' stuff that is relevant to their lives. A contact interviewed from one of the girl-based group smiled as she remembers overhearing a group of her girls outside of program time challenging another group of girls on something that was discussed in the program, sharing, "…it's funny how all of a sudden they'll go out with their friends and say '[why are you using] that word?'". A participant informant shared the following powerful example of the reach of the program's modeling by saying, "last week I learnt about drugs and I told my friend most of the basics because she does drugs. And she's just like 'I never knew that'".

This type of role modeling directly relates and lends itself well to the role modeling of the program participants themselves. Through both interviews and the focus group, informants explained the programs as such that the participating young women are often times encouraged to speak about their experiences within the program, to connect with other young women interested in the program, while gaining confidence in speaking from their own experiences. The power of women sharing and talking together is immense and thoroughly encouraged within girl-based programming, relating back to the powerful influence of peer groups. Informants referred to this modeling of positive behaviors through encouraging peer mentorship as a new component in girl-based

groups. A key informant participating in one such group stated, "now we can be leaders and that's what they're telling us in [name of program], 'you can be a leader'".

It was clear from the interviews that role modeling also encompasses adult-youth mentorship beyond the relationships formed between the participants and the program facilitators and school staff. As expressed by a key informant of a girl-based program, providing mentors within the community creates a link to "another positive female role model that the girls can identify with". Program participants mirror this sentiment, as one focus group informant reflected on her own relationship with her mentor, saying,

> She takes me out, we hang out, we have girl time. She's really crazy. She's really fun and stuff like that. We laugh about a lot of things. I know how to kick her butt in air hockey. It's all fun.

The focus group informants unanimously asserted that a role model's purpose in their lives was a beneficial one, with one participant informant stating, "I think it's someone to look up to and to help you out", while another took the reflection a step further in saying, "a mentor is somebody that kind of impacts your life and you want to go positive in your ways". Expressed straight from the views of the young women participating in the program makes it clear the impact role modeling has on their lives.

It was clear however, through program observations of the girl-based program that the provision of the programs' snack component was an afterthought. To incorporate a role modeling perspective into this program component, providing a healthy, fun snack within program sessions is a great opportunity to demonstrate healthy food choices. Whether or not the healthy eating message is implicit or explicit, this is an opportunity to further engage the young women.

The inherent power behind social connectedness and support such as the kind provided by ideal girl-based programming has been associated with overcoming the risk factors of physical inactivity, obesity and poor nutrition (Higgins & Reed, 2001). According to Carmichael (1997, as cited in Higgins & Reed, 2001, p.451) "a program that makes a young person feel safe, welcome, competent, connected, empowered and special, will probably enhance self-esteem". To bring discussion back to the prevention of eating disturbances, self-esteem is further linked in the research to the increased likelihood of engaging in health promoting behaviors (Hyndman, 1993, as cited in Higgins & Reed, 2001).

4.3.2.2 Role of Teachers and School Environments

Many informants reported an emphasis on the role modeling of the entire school environment, be that of teachers, administrators and/or opportunities within the school itself, illustrated by a key informant's explanation of their obesity prevention program rationale, saying, "...take a look at creating an environment where we are responsible for what we offer within the school...". This can then be directly linked with the concept of creating environments that support behavior change through role modeling healthy attitudes and behaviors. This type of role modeling was demonstrated through the informants' discussion of school policies, school rules, and specifically through the initiatives that incorporate school participation in national physical activity events, policy changes around eliminating junk food, food choices and general school environment changes to support health (i.e. hallway displays).

Role modeling through school environments also takes the form of the healthy options offered within the school through school lunches and snacks. An informant from an obesity prevention program provided the rationale behind this as,

> …if we are going to provide a meal for our students at a school store or a canteen, then we are making those choices for kids [to be] healthy…You role model that and that's where we would like to take it. And with the school board then, make it the easy choice for schools.

Program informants reported school staff's interest and commitment to creating an environment around daily physical activity. An informant shared program success though an elementary school principal's modeling and ability to engage the interest of the students in reporting, "she goes every noon, she has a walking group. And kids walk with her. What better way is there to…walk the talk than that?". The same informant made it explicit how much potential there is in teacher role modeling behavior, stating,

> If you empower a teacher to think that they are making a difference and [what] they're modeling for the students if they're only eating rice cakes. If they eat rice cakes because they like them is one reason. If they are eating rice cakes as a restriction, then for those same students who adopt their behaviors, it would be horrific health wise.

This becomes a question of explicitly discussing with teachers the potential impact of both their words and actions. For the sake of prevention efforts that aim to address the broad spectrum of eating disturbances, it is imperative that the teachers themselves have a solid understanding of their role modeling potential and understand the impact of their own weight related misconceptions and prejudices (Piran, 2002). It is also

important to consider the unintentional harmful effects that can occur if school staff are not aware of their influence as it relates to food and weight and pass on negative beliefs and behaviors to their students, inadvertently becoming poor role models (O'Dea & Maloney, 2000).

The role of teachers in prevention is many times overlooked, yet it is this segment of influences that have the potential of providing "the most efficient way of accessing children for the purpose of health promotion" (Smolak et al., 2001, as cited in Piran, 2002, p.3). Not only are teachers working with students an average of 40 hours per week, but also the school environment itself is a predominant influence on the lives of youth (communicating culturally endorsed societal values) and where the development of the very skills that are relevant to prevention efforts takes place (i.e. cognitive skills, self-perceptions and behaviors). Through the very nature of their educational title, teachers are in the position to relay information, values and norms to their students, both in direct and indirect ways through both educational material and daily experiences with their students (Piran, 2002).

Teachers' ability to disseminate accurate information, dispel misconceptions, and model non-weightist attitudes and behaviors in their classroom is influenced by their own perspectives on weight, size acceptance and "health". A study conducted by Piran and Wills (1998, as cited in Piran, 2002) suggested that teachers could benefit from their own educational sessions and workshops on issues of body weight and shape. The goal of enhancing teacher's understanding on these issues would be to illustrate their role in counteracting weight prejudice, eliminating the toxic environment related to food and weight, and supporting a health enhancing environment conducive to healthy eating and

active living. Positive cultural change can be significantly enhanced if supported by these "important agents of socialization" (Smolak, Harris & Levine, 2001, p. 262).

In relation to the importance of school environments, the lifestyle and behavior choices that are linked to eating disturbances are primarily developed during the school-age years, therefore careful consideration should be made in regards to the schools' food provisions and physical activity opportunities (Edmunds et al, 2001, as cited in Carter, 2002).

4.3.2.3 Parental Involvement

Discussion within the interviews explored the concept of how prevention has expanded so that education and learning are not just reserved for classrooms or after-school programs but taken home to be supported in the home as well. Reflections from youth themselves illustrated how important parent involvement is in their lives, with one participant informant saying, "I think we have to bond with our family" and another informant expressing her feelings saying, "yeah, I think spending time with us helps them too, to understand what we like and stuff".

The reality of families' hectic lives makes quality time spent between parents and children one that needs a little support, as illustrated by a participant's comment,

> …my dad, he used to take us to the movies and stuff, and I asked him about that, I was like 'hey, well, let's go to a movie' and I nagged him for three weeks before he finally said yes, and then he didn't take me…family events are, they're ways to be with your family and you know, not feel so bad for nagging them.

This program component is especially relevant considering that informants expressed the reality of how parent-child relationships tend to change during adolescence, with increases in conflict situations.

A specific and very powerful aspect to female connections that also incorporates the theme of role modeling and parental involvement involved an example offered by an informant during an interview. The program organized a girl-only family event where they facilitated activities around female bonding between young women and the other women in their families. She commented,

> We had about 90 [attending the girl-only event]…the mothers absolutely enjoyed the opportunity too because the facilitator talked about…the pressures women face and it was interesting that…the moms' [reaction was] 'I totally understand what it's like to be concerned about my body' and the daughters are like 'really?'.

To further the discussion on parental role modeling, it was clear from the interviews that this also required discussion on the overall reality of parental involvement. Many program contacts asserted that parental involvement in prevention initiatives took various forms and had varying commitment levels focused on incorporating it into programs' components. On one end of the extreme, one program informant stated that she had minimal contact with the parents, which was limited to an information letter home or a permission form "…we'll send a newsletter home for the parents…we talked about 'your daughter learned how to keep herself safe and as a parent, this is what you could possibly do as well'". While another program informant shared that their program had structured family events and extensive parental contact efforts.

It was clear within the discussion that there are many, many challenges to be met with when involving parents. Key informants had a keen awareness of the reality of many family situations and the barriers that must be overcome to effect change on this level. One informant summed up her situation working with parents saying,

> ...for working in communities that feel quite disconnected from their communities and are quite a bit more wary to outside resources, it [parent meeting] wasn't really successful. Horrible actually. For all that working and we'd have one or two parents show up, so it wasn't working.

Another informant expressed similar concern in her particular situation in trying to get parent involvement by stating,

> ...kind of created this barrier between staff and parents because they felt that they were being told what to do or would be treated as poor parents and that they needed some help to learn how to parent. That was their feedback.

For the majority of programs, getting the parents involved in their programming was their biggest struggle.

There appears to be a focus within many of the program to enhance the trusting relationships with the parents through the creation of opportunities. However, there remains a huge issue in how to effectively get parental involvement, interest and support without intimidating them. As asserted by one informant from an obesity prevention program, "...it is the relationship that is the most critical. These people have to realize that you care about their kids, you care about them, that you're up front and honest". In response to how to overcome potential barriers in reaching parents, one informant shared her view saying,

...and I think smaller groups for our families, they feel less intimidated, especially to ask a question...to ask a question sometimes takes a lot of guts and if you're in a group of 40 you're less likely to do it than if you're in a group of ten.

Innovative programs are now using creative strategies and thinking to develop ways to attract the parents, aware of the challenges of their involvement, and making concerted efforts to reach this integral target for programs' success as a prevention intervention. A girl-based program has provided opportunities for family events at various times throughout the year, where anyone whom the participant identifies as 'family' can come out and have fun, without an explicit educational component. The basis of this concept was explained by a key informant as, "so anything like that where the girls and their families can positively connect, then more family bonding happens".

In its most holistic form, including a parental component is viewed as an integral piece of the puzzle, for parents influence their child's eating behavior, activity levels and body image through their direct actions, comments and modeling (Smolak, as cited in Piran et al., 1999). To highlight the importance of this relationship, a study conducted by Swarr and Richards (1996) determined that young women in particular who felt closer to their parents reported fewer weight and eating problems in junior high school, thereby indicating how strongly related the relationship is to adolescents' health. While at a developmental stage where youth are becoming more independent, both the quality of the parent-child relationship and the quantity of time spent together correlates to the eating attitudes and behaviors of youth (Graber et al., as cited in Piran et al., 1999).

Parents' role in the lives of their children is immense and from research in the field, likely to be vital to the development of healthy body image, self-esteem, eating

attitudes and behaviors and physical activity patterns (Paxton, 2002), despite the major challenges inherent in engaging their interest and participation within prevention programming. Throughout all interviews in this study, it was clear that the parental component to many prevention approaches also incorporated the theme of role modeling and the important role and impact parents/guardians have in the lives of their children. As asserted by a key informant "…It's not enough for parents to know about healthy eating or physical activity. They have to realize that they're role models in their kids' lives". It is clear however, that parents also have their own personal attitudes about food and weight, and as a result they have the potential to model both healthy and unhealthy attitudes and practices (Graber et al., as cited in Piran et al., 1999).

Through a parental component, the informants recognized that other issues could also be addressed, such as food availability, sharing shopping experiences with parents, and educating on media influences. For example, one informant uses the parent nights or events to provide information such as "…we've given them information that says comforting your children with food is not the only way to comfort them". Through joint programming involving parents, youth and parents "have the opportunity to spend time together, build skills, and develop knowledge, both individually and cooperatively" (Graber et al., as cited in Piran et al., 1999, p.58).

According to Graber et al., (as cited in Piran et al., 1999) programming aimed at involving a parental component should include three main components to address the prevention of eating problems: information on adolescent development, better information on healthy nutritional practices to promote healthier eating, and parents' own food and weight attitudes and how they can convey their unhealthy concerns to their

children. Therefore, in addition to educational sessions and health promotion perspectives to prevention, comprehensive prevention programs requires efforts to address the variable nature of parent-adolescent relationships, for this relationship is linked to healthier eating attitudes and behaviors (Graber et al., as cited in Piran et al., 1999).

4.3.3 Creating Opportunities – The Common Ingredient

When it comes down to it, the major strength of prevention programs is in creating and providing opportunities to youth as a means to make a difference in their lives and counteract the negative influences of society. As an informant commented, "…that's what [name of program] does. It gives an opportunity. It's a start to a lot of things". Knowing how difficult and challenging it is to effect change on an individual behavior level, programs aim to effect change implementing what they can with the resources available to them and with the intention of having a positive impact in children and adolescents' lives. Therefore, programs of all the prevention types identified in this study are focused on creating the opportunities that may otherwise not be available to youth (due to gender, income status, developmental level, gap in services, etc.) to challenge them physically, mentally and socially.

However, in creating opportunities for youth, there are also clear limitations to success. For example, in girl-based groups, challenges involve the personal nature of the subject material and the ease in which the girls feel comfortable talking and sharing. The process of building a level of trust and comfort takes time and appears to require sustained, long-term efforts of a dedicated facilitator. The option of incorporating guest speakers into a program session also has its limitations, for again a certain comfort level

is needed before many youth will feel comfortable participating and sharing, as noted during program observations.

Providing opportunities to increase youth's self-efficacy to participate in a variety of recreational activities, skills to make positive changes in their eating behaviors, and supportive atmospheres to enhance their self-esteem, decision-making skills and coping strategies has the power of promoting life-long health (Neumark-Sztainer et al., 2003). The proverb "it takes a village to raise a child" captures the concept of the ecological perspective. It implies that "the individual is embedded in and influenced and supported or neglected by numerous systems or groups" (Wandersman et al., 1996, p.299). This perspective has a direct link to the prevention of eating disturbances and the opportunities created for youth within prevention programming.

The theme of creating opportunities has been divided into subthemes that illustrate their connections to the ecological model and the various determinants of eating disturbances. The subthemes include: individual factors (intrapersonal), social environmental factors (interpersonal), physical environmental factors and societal factors.

4.3.3.1 Individual Factors

Within this analysis, individual factors were coded as program components that provided intrapersonal opportunities that addressed individual knowledge, attitudes and/or behaviors. The creation of these opportunities was typically based on a felt need from the population targeted, gaps in services or community access issues. As discussed within the interviews, program informants reflected on the gaps in services, targeting their programs to provide new experiences to youth, as stated by an informant,"…so they've tried to incorporate things that they might not have exposure to and I think they

also try to give information about where in the community they might be able to continue it". As an example of these gaps in service, a key informant commented, "the recreation facilities in this area are terrible", while another informant recognized their aim as "… [to] provide kids with recreational opportunities that other kids have after-school and recognizing of course that that's really important to overall health and to their education".

Although implemented from a variety of different perspectives, recreational opportunities emerged as one of the primary focuses of programs in this study. For girl-based groups, the focus was based on the known inactivity behaviors of adolescent females, as an informant pointed out saying, "…equally important is just providing girls with opportunities to learn and discover healthy recreation…". This point was taken further by another informant who reflected on new experiences commenting,

> I think it's a combination [active living purpose and fun element] and I think it's also trying to provide new experiences for the girls. So maybe do things that they wouldn't necessarily have exposure to. Like they've done kickboxing…yoga …hip hop dancing.

Programs illustrated their commitment to integrating recreational opportunities whenever possible, which successfully highlighted its' importance within the prevention approaches. For example, an informant cheerfully asserted, "…jump on any activity…all of my schools get involved…anytime there is an opportunity for activity, we're in there like a dirty shirt…" A strong connection that the data highlighted was the aspect of fun and adventure captured within the recreational programming, with the philosophy described by an informant as, "so you build it [exercise] into having fun…staying healthy and keeping moving". And the program participants clearly exemplified the impact of

these opportunities during the focus groups. Many of the program participants within this study enthusiastically spoke about their new experiences and feelings of gratitude for these opportunities. As one informant said, "we get awesome opportunities like going dog sledding".

In addition to recreational opportunities, programs also incorporated many hands-on, educational and skill building opportunities for the youth. For example, nutrition education was integrated within exciting cooking classes where as one informant pointed out, "…kids could learn how to make smoothies and so it would be a fun, hands-on, healthy kind of fun thing to do". Opportunities provided on an individual level for the youth included the majority of all program components and activities, with the central aim to impact their daily lives.

4.3.3.2 Social Environmental Factors

Social opportunities provided by the programs encompass interpersonal opportunities directed at creating social support networks, including family and peer networks. Informants acknowledged the power behind creating opportunities that enabled youth to express their thoughts and feelings in a safe and supportive environment, prioritizing the prevention approach by learning through the sharing of lived experiences. This takes the form of both facilitation approaches centered on discussion, as well as program components that foster a mentorship relationship or volunteering aspect.

Many programs prioritize the social supports created between and among program participants and facilitators as a means to explore issues and enhance self-esteem. A key informant views the process as, "…give them an opportunity to talk to each other but also

have an adult there who could provide some structure". Providing the sorts of opportunities to talk openly and honestly about their feelings, youth gain confidence in themselves and their experiences. Many programs are built on the concept illustrated by an informant's account of how she begins each program, "I'll ask 'so how's everybody doing? Is there anything you want to share?'". Even within other recreational components of programs, there is still the acknowledgement of the importance of social connections. For example, an informant reflected on their walking and running club saying, "…it serves many purposes. It's not just the movement, but the kids have a chance to talk".

Provided with opportunities to look outside themselves, youth are able to broaden their perspectives on the world, creating networks to connect with people outside their regular sphere of influence. As one informant reflected on including components of volunteer work into prevention programs, she states, "…we feel it's very important for girls to give back…for what they get. And that builds self-esteem as well". The views of program participants was also clear on this element, with one informant stating, "I think that it benefits us [volunteering] [be]cause you realize you know, how there's other people who are less fortunate than you and it helps you with decisions…".

Facilitation approaches that provide opportunities integral for enhancing social support within prevention programs are based on peer discussion, experiential learning and communication. As discussed by one informant,

> …they're interacting with their peers, they're discussing things that they may not have known before and learning. Like it's all fun. It's all experiential, which is a

style of learning that I really love and appreciate because I see the power it has in a classroom.

Participants themselves refer to the importance of creating bonds with one another, with one informant saying, "the most important thing is that we communicate". Creating supportive networks within programs enables youth to internalize educational messages on a different level, as reflected on by a program participant, "…in here we pay attention and in health class everyone is being loud and disruptive, but in here and I think they make more points about stuff too. They actually, we have more time to talk about certain things".

Informants also recognized the importance and significant impact parents/guardians have on the well being of youth. As highlighted by a key informant "…part of the supportive environment is looking to the parent…so that a child is not just learning in the classroom, [but is] supported in the home as well". Issues of food availability, role modeling and parenting skills were addressed by many of the programs. To varying degrees, programs were aware of and paid attention to these external factors by providing opportunities for additional food aid, offering outreach services and counseling to both participants and families, and providing educational opportunities for parents and families in relation to family bonding, healthy eating and active living.

Informants discussed and addressed the struggles and strengths of including opportunities for parents, with agreement around its value and importance reflected through an informant's words "…so much of that [views on health and activity] is what information you get at home, what the perspective is you get at home". The influence of the social environment has the potential to affect youth's eating and activity behaviors

through modeling, reinforcement, social support and perceived norms (Story, Neumark-Sztainer, & French, 2002).

4.3.3.3 Environmental Factors

Efforts to create opportunities with an impact on the environmental determinants were coded as strengths of many programs within this study, incorporating both the ecological levels of institutional and community factors. This theme emerged from the data to encompass a broad range of opportunities that encourage and support both the accessibility and availability of foods and physical activity, including efforts at the school level and school food policy level. Informants were adamant throughout this particular discussion sharing views on the relevance to their prevention approach. As shared by one informant, "…we know that we can't change anybody if we don't affect their environment".

At the school level, programs utilized strategies of role modeling and creating a general atmosphere of health in the school. An informant recognized the power of role modeling behaviors to youth and creating a daily integration of physical activity in saying, "…you put things like that in place [principal with walking group] where it helps kids to do it, it makes it part of their lives...". To support the healthy eating and active living components of a comprehensive school health model, it is apparent that great attention needs to be placed on providing a school environment that supports students' individual attitude and behavior changes originating from the educational component. For example, an informant recognized, "…really realized that nutrition was a huge issue, particularly environments that supported healthy eating". This directly relates to food

programs within schools that address issues of access and role modeling through school lunch and snack programs and food policies.

Making changes at the food policy level within schools creates opportunities for youth through environments that support the ideals of healthy eating. Visible changes are seen in the food available within the informant's school and offered at both cafeterias and special events. As one informant reported, her school had switched to a hot dog sale with whole-wheat buns and juice. For such programs all food related events and programs revolve around healthy eating and providing a supportive environment. For example, an informant asserted the case within her school in saying, "…take a look at creating an environment where we are responsible for what we offer within the school but not police or license what comes in it from [outside]".

School policies also involve the choice to implement junk food free policies, banning junk food within a school. As one informant put it, it becomes a "forced choice for at least six hours" within a school, where students are required to comply with the policy and do not have access to these other types of food choices (junk food). In a practical sense, there are many challenges and questions that arise based on such policy changes. As one informant described, students are told that the school is making different choices and that students are free to make their own choices after school. For example, one informant from an obesity prevention program asserted,

> …that was a very giant step for them to take [junk food free school] and the kids are testing us all the time. I find kids bringing in stuff all the time and I'll just say 'sorry this is a junk free food school, I'll put it in my mailbox and you can pick it up at the end of the day.

A concern is however raised as to the policing aspect to these types of food policies and how that then relates to attitudes toward food and the environments outside the school that continue to encourage and support unhealthy foods, such as high fat, sugar laden junk foods. Even informants in favor and in support of such policies admit, "so I wouldn't want to get into policing what is brought in for a family event".

4.3.3.4 Societal Change

The lack of an explicit social action component within the prevention approaches was depicted throughout the interviews as a direct result of the developmental age levels of the students targeted within the programs. For example, one informant when speaking about the potential of social action within her program targeting junior high said, "it's more in the upper age groups…a lot of them developmentally are just not there yet...". A similar sentiment was expressed by another informant who stated, "…it's also a developmental thing. I don't know developmentally whether kids, boys or girls, have the capacity to be looking at the impact on society". The same informant went on to say,

> …the whole idea that adolescents are very egocentric. Most of their thoughts are about themselves, how they feel and how they think. Their thoughts about the world are also egocentric and it's more about how the world impacts them. And so I don't know, developmentally, if they could get to that spot in grade seven, eight or nine. Maybe I think high school is more, where they might be able to get to that.

However, regardless of this point, many informants still felt that social action required a place within prevention strategies, particularly those programs geared toward young women. The informants expressed uncertainty in the logistics of including social

action within programming, yet as articulated by one informant from an eating disorder prevention program, we need to look outside individual impact to truly effect change, "…I think that it's not enough just to, again those girls programs, do they affect only the individuals or do they affect their environment?".

An interesting point that came out of an interview with a girl-based group informant brought up the issues inherent in social action within school-aged youth and the possible negative consequences. The informant shared her opinion and observations asserting that youth who do tend to challenge the status quo of their school or society are the ones who tend to get in trouble the most with the school administration because they are deemed the "trouble makers" and problem youth. She solidified her opinion by stating,

> …I find that the kids that have that perspective [of social change] get in trouble the most. Because it's the ones that don't want to sit there and accept the fact that 'I have to act a certain way to be accepted, like what's wrong with the way I am? Why are you teasing me because my hair is different?' And so they really kind of buck the system, but they're the ones who get the most flack from it…The ones who are more [a part] of the system do okay…they're not going to rock the boat or anything like that. So it's hard for those kids that have that awareness.

Youth themselves expressed the difficulties in challenging the status quo as well, with a focus group informant sharing her own difficulties, saying,

> …I've tried to set up you know, a gay/straight alliance and there was zilch in the way of that…one of the biggest challenges for me is to you know, challenge

racism…challenge prejudice, challenge all the 'isms' you know, and take a right, take a stand.

A suggestion from an informant as to how to incorporate future social action components into prevention programming including her views on the following,

So taking the personal and going public, so looking at more the impact societally. And so I think [name of girl-based program] maybe one day could have a three-phase program. Where, and maybe two-phases, more personal development to social action…When I think about girls at the junior high level, that maybe once that they have some of the awareness of themselves and you know, looking at magazines and realizing that they're really portraying false images, then maybe as they get older, they might have a conversation with someone…and then maybe they'll go to university and they'll expand on that.

According to Neumark-Sztainer (1996), school-based programs have the potential and power to act as catalysts for broader societal change and it is this component of programming that is required to truly prevent eating disturbances. However the lines between social action and efforts made at the social and physical environmental level are blurred. Even by simply starting with small changes within a youth's close circle of friends and family can also make an impact. For example, for parents to act as role models in rejecting societal ideals or refusing to perpetuate cultural expectations within their own family, role modeling can have tremendous influence in guiding future generations (Hesse-Biber, 1996). By programs placing emphasis on encouraging youth to find purpose in their lives, other than appearance related goals, they can begin to change society's norms and standards.

4.3.4 Gender

All the program informants had points to make in regards to gender issues and how they relate to their specific program approaches, connecting gender issues to the general prevention of eating disturbances. Gender was a common theme running throughout the interviews and is divided into subthemes that include: gender differences taken into consideration in programming, the power of female connections, and the inclusion of separate boys' programming.

4.3.4.1 Gender Differences

The theme of gender differences emerged through discussion of how particular programming was developed and implemented. Through discussion, informants acknowledged that girls tend to be less active than boys, guiding directed programming to target girls in instances beyond girls-only groups. As stated by an informant when explaining a girls-only component of a general obesity prevention program, she said, "…was targeted toward some of the junior high girls who weren't involved in say the team sports and those sorts of things and offer that program to them". An informant also brought up the point of self-esteem and it's relation to prevention, however with a more specific focus on girls-only groups, saying, "…especially looking at some of the research that talks about how the self-esteem of girls plummets during adolescence…provide preventative programming that might directly deal with some of those issues". Informants referenced research and literature that supports working with gender in mind, as one informant commented, "…it's been found that girls do well in groups for themselves…we're going to talk about those issues, based on what it's like to be a girl".

When speaking about gender differences, informants also made reference as to how males and females view the world differently, as stated by one informant, "…I think what I see as necessary in pointing out is the gender differences between males attitudes towards physical activity, food, media, etc. and females". Another informant from a girl-based program made a case for separating males and females based on these differences saying,

> …we know that in science programs that girls often feel not as competent because some of the ways they're teaching are more focused on the male ways and so I just think that there are a lot of benefits of knowing the differences. I must say that the emphasis on trying to make everything gender neutral and just, I don't understand where, there's two sexes in the world and there's such diversity along a continuum of what it's like to be a girl and what it's like to be a boy. It's not like there's one way to be a boy and there's one way to be a girl. There's probably four billion different ways of being a girl so let's talk about some of those. And how you are a girl is different then from how I'm a girl.

Therefore in regards to segregating males and females, there was an ongoing debate among informants. However, all informants were able to see both the benefits and potential disadvantages. As one informant argued her program's rationale for having separate groups, "…part of the reason for segregating them was just because we wanted to do things that were…we wanted to talk about girls stuff and we wanted to talk about boys stuff and so we kept them separate…". Many informants agreed with the inherent power found in working with groups of just girls, with one informant from an eating disorder prevention program saying, "and those young women [in a girl-based group]

certainly found their voice…saw the strengths that…was generated in that room….my philosophical thinking is that when you get them in a group, a mixed group, they lose their power to function".

Comments that supported the concept of keeping females and males within the same group included one informant's reflection, "and they need to hear each other speak about it [gender differences]". From this point of view, informants feel it is important that youth are provided with the perspectives of both females and males. The same informant went on to say, "I think it has to be together. Because I think that the processes are as important as the end result. You need to hear". However, this informant also realized the benefits of including elements of both strategies. When discussing potential future strategies, an informant said,

> …I'd like to see some strategies, like females working on an issue and males working on the same issue with females in mind and then vice versa and then to be able to compare those responses. I think it's really the crux of the matter.

An interesting point in regards to the need for re-integration of young women from girl-based groups back into society emerged throughout discussion. The point was made by an informant who felt that there was a potential limitation with girl-based groups saying, "I would hope that there is some mechanism to re-integrate them into male-female worlds…I've always wondered that if that would maybe be something that was lacking in girl-only groups". Another informant picked up on this discussion saying,

> …you have to integrate into the whole society…you have to learn to do that…I think to come from a place of strength in doing that and in developing oneself as

an individual and really being confident about oneself as a female is…if you start there, then the other stuff will happen.

Whether or not re-integration is presently occurring within these groups, an informant felt that there is a definite need for women to share their lived experiences with other women. Her comment stated,

> …I hope that by talking about some of these things that we will have fewer people, women who feel that they aren't worthwhile…Cause all the work I do, most of it is with women. And I'm not seeing a whole lot of people whose problem is they think too much of themselves….

Informants were clear in asserting that the choice of activities in girl-based programming had to be decided consciously, without reinforcing the exact stereotypes and roles that feminist thought is trying to challenge and/or prevent. From interview discussion, informants reflected that often times choices are made about programming based on other factors, such as free access to certain facilities and activities and/or young women's expressed interest. For example, this was the case for the inclusion of makeovers as a component of several girl-based programs. The informants viewed make-up as part of the culture; therefore teaching the methods of its application were viewed as important. However, I believe that such a focus on "personal hygiene" methods also has to take into consideration the values it has the potential to perpetuate. I believe that having free access to a service (i.e. that provides make-overs to girls) does not necessarily mean that a program should incorporate it without contemplating what messages it may send.

Due to literature that asserts that young women and men have very different issues in reference to body image and eating issues, developing and implementing prevention programming that is relevant to both sexes within one program is extremely challenging (Paxton, as cited in Piran et al., 1999). Research highlights the inclusion of both male and female perspectives, pointing to the importance of making young men equally aware of societal pressures and their role in either perpetuating or reducing this pressure (Paxton, as cited in Piran et al., 1999)

4.3.4.2 Female Connections

One of the main observations to come from the girl-based groups was the amazing comfort level of the group where the girls were able to really ask questions and discuss issues honestly and openly. Based on program observations, their connections as a group (despite not all being the best of friends outside the group) were extraordinary. An informant understood the basis of the power behind girl-based groups as, "…I think that, especially for girls, what their peers, their connections with peers is so important, so to be able to get them involved in things and activities that are health focused but are also have that social component". The social component is what connects girls in a way that enables them to learn new skills, enhance their self-esteem and do so in a supportive atmosphere.

The benefits to being involved in an all girls group came out during the focus group with program participants. It was clear from the beginning of the program observation that the honesty and strong interactions were based on having the opportunity to be surrounded by females. One informant from the focus group shared her view that, "the advantage is that girls know how girls feel". When it came to particular situations

when they felt thankful for being in an all girls group, one informant commented, "I think one of the benefits of being in an all girl group, say you're in a health class with boys and stuff, you wouldn't be able to ask certain questions about your body…". This quote highlights the ability of girl-based groups to explore sensitive topics (such as those related to food, weight and body image) through the participatory process of sharing personal experiences in a safe environment.

The young women themselves point out the advantages to girl-based groups by saying, "they'll let you be, when you're out there, it's all about you. And it's what you need, you know, teenagers, teenage girls especially" [talking about group as confidential, secure, independent]. When asked about how they view their participation in such groups, one informant shared her view, "it's all about respect". Research in the field asserts that young women's "friendship environment provides a subculture" (Paxton, as cited in Piran et al., 1999, p. 135) which has the power to enhance or diminish norms and behaviors related to food and weight. Working within such friendship groups (as in girl-based programs) integrating activities and exploring healthy choices is a promising way in which to effect change at both an individual and a cultural level (Paxton, as cited in Piran et al., 1999).

4.3.4.3 What About the Boys?

The theme related to male programming emerged from questions posed during the interviews inquiring as to how boys fit within girl-based programming. Informants had much to say on this subject, with the need for boys programming relating back to girl-based programming and it's success being dependent, in part, on society changing alongside, namely affecting change with males. As a question that gets repeatedly asked

to girl-based programs, 'what about the boys?', an informant made the comment that, "the thing about that is, rather than asking what about the boys, I mean it's a good question to ask, again look at the girl-based programming and how can that model be then transferred to boys". The point of view rested on the opinion expressed by another informant asserting,

> Well, I think that it's really important for boys to deal with that. I want boys to be taught, I want men to take that on. Because I don't want to take care, I mean I think women do a lot of taking care of...but professionally I want males to be providing good role models to other boys. Because I don't think boys listen to women as much as they do other men.

From girl-based program informants' point of view, the onus rests on men to take up the challenge of addressing the factors necessary for boys' programming efforts. The basic understanding was explained by an informant who said,

> And so I think it's great if men are, stand up so, with regards to boy programming I would love it if, if more men were involved in boys programming. Because I think that they need it just as much. In a different way I think....

The same informant went on to comment, "but maybe they don't want it. Maybe we're making a big assumption...Maybe that's why they haven't had it [boys programming]. What are the boys saying?" Would boys even be interested in talking about the issues discussed in girl-based groups? And if not, what would they be interested in that would relate to challenging socio-cultural norms? All informants agreed that it was important to consider the role of programming for boys, however there were no clear indications that they would take that upon themselves.

The literature highlights that men play a critical role in women's perceptions of body image and feminine ideals and should also be empowered to take a stand against the inequity and injustice of the cult of thinness (Hesse-Biber, 1996). In addition, it is important to note that males have their own unique concerns in relation to body image, food and weight-related issues (McCabe & Ricciardelli, 2001, as cited in Paxton, 2002).

Chapter 5: Conclusions

The purposes of this study were to critically examine and explore the current approaches to both obesity and eating disorder prevention in the province of Alberta, to assess effectiveness of these approaches and to determine whether or not girl-based programming has a "fit" within future prevention efforts. This concluding section will be divided up into four sections that directly address each research question, including the integration of implications and future direction.

5.1 Prevention Programs' Strengths and Weaknesses

It is clear from the findings presented in this study that all three types of prevention efforts within Alberta have a multitude of strengths in which to inform future initiatives. Directly linked to the first research question to determine the concepts, strengths and limitations of current initiatives, the findings clearly indicate the promising prevention initiatives already taking place in the province. In addition, by highlighting the commonalities between the various approaches and their interconnectedness, this study has reinforced the premise behind the integration of both obesity prevention and eating disorder prevention. Analysis of the programs' concepts and procedures has also provided areas for improvement and future considerations.

The various programs offered within the province encompass a broad range of program durations, targeted age levels and locations. It is promising to find select initiatives that are targeting elementary school aged children, doing so with developmentally appropriate content, and emphasizing long-term, sustainable programming. However, with the clear emphasis on personal skill development as the major strategy within prevention programming and the targeting of individual

characteristics over socio-environmental characteristics, programs may be lacking an ecological perspective on prevention and a holistic definition of health. Additional efforts and discussion is required for programs to continue efforts at addressing the overwhelming influence of our culture and environment and their role in weight-related problems.

In assessing the programs based on health promotion action strategies, the findings have illustrated the need for a holistic view on health as well, implementing programs that take into consideration all aspects of children and adolescents' health, with the ability to move beyond individual behavior change. A holistic perspective involves a comprehensive approach to prevention, emphasizing not only the goals of active living and healthy eating, but also the goals of self-awareness, respecting and celebrating differences and the power of critical thinking. As the themes generated in the findings section suggest, the importance of role modeling and creating opportunities aimed at various ecological levels are key to successful and effective prevention programming. While aspects of both of these themes are evident in all prevention approaches identified in this study, individual programs varied on the emphasis placed on these concepts.

In consideration of the influence that other people have on the lives of youth (namely parents and teachers), programs can do a great service to the ideals they hold on prevention by including role-modeling components. There is great potential in providing youth with positive role models, facilitating deep interpersonal connections and support. The study's findings also link role modeling to the supportive environments created within comprehensive school health programs. By creating environments that support and encourage health-enhancing attitudes and behaviors, programs are able to model such

characteristics, with the goal of making the healthy choice the easy choice. This includes teacher buy-in and teachers' role modeling behavior.

A major strength of prevention programming is found in creating and providing a variety of opportunities to youth in efforts to promote health and counteract negative societal pressures. Although many programs focused solely on individual factors by providing interpersonal opportunities (such as nutrition education and recreational activities), the findings suggest that programs are increasingly looking toward providing programming that addresses socio-environmental factors of social support, as well as environmental factors related to the school environment. Additional effort is required to enhance the level at which programs address and implement strategies for the many factors at play in the social and physical environment.

Through this study, the continuing dialogue related to integrating both ends of the spectrum on eating disturbances has made a case for a more comprehensive approach toward child and adolescent health. By acknowledging the individual perspectives on prevention and subsequently framing them within an integrated approach, there are many opportunities for collaboration and the provision of consistent, health enhancing messages to youth. In addition, it is important for programs to acknowledge the discrepancies between meanings of "health" and the influence this can have on youth attitudes and behaviors when related to issues of food and weight.

The findings suggest that the various prevention efforts acknowledge and take action against messaging that equates "health" with "thinness". It becomes more than simply a question of weight, as children and adolescents' quality of life, future happiness and well being are also at risk. Future directions for programming include an increased

emphasis on weight-related stigma, recognizing and acting upon the influence of sedentary behaviors such as television viewing, improving physical education in schools, developing stress management skills among youth, celebrating diversity and enhancing efforts at both supportive environments and social change.

5.2 Evaluation of Effectiveness

In reference to the role of evaluation, the findings illustrated the need for Alberta programs to continue their efforts at prioritizing this component of programming. Directly related to the second research question, the critical assessment of the current evaluation of effectiveness of the identified prevention programs indicates that there is a lack of documentation and quality evaluation studies to offer support to a particular prevention strategy or approach. The findings do illustrate that current prevention approaches are indicating success in knowledge gains, creating healthy school environments, enhancing self-esteem, altering negative stereotypes and increasing youth participation in recreational activities.

The challenges inherent in conducting and reporting the effectiveness of prevention programs include the degree to which programs prioritize the importance of evaluation, measurement issues, and cost related factors. It was clear that programs adapted to these challenges and the lack of formal evaluations by using alternative methods. All programs used some type of informal process to monitor and evaluate the success of their programs, mainly trial and error and anecdotal information from participant, teacher and parent feedback.

To inform future prevention programs, the findings point to the importance of prioritizing the evaluation process, setting program goals and objectives that are realistic

to the scope of the program and indicators of success that are measurable to evaluation. Although a complex challenge, it is essential that programs provide descriptions of effective approaches to not only guide future efforts, but to improve existing initiatives. With limited resources and the rising rates of eating disturbances, the findings support the urgent need for programs to provide timely evaluations and best practice information.

5.3 The "Fit" of Girl-Based Programs

The findings clearly indicate that girl-based programming does indeed offer strengths to current initiatives to prevent eating disturbances, supporting their contribution to mainstream efforts. Due to the clear link that all prevention approaches made in regards to gender issues and the evidence showing that a focus on self-esteem has a connection to the prevention of eating disturbances, the data makes a case for the inclusion of such participatory approaches. Through a broad umbrella approach to prevention, the girl-based programs are addressing many factors related to the prevention of both obesity and eating disorders through their focus on innovative recreational programming, body image satisfaction and self-esteem. As the program contacts in both obesity prevention and eating disorder initiatives made explicit reference to the role of gender, the role of self-esteem and their inclusion in prevention approaches, the link to girl-based programs was connected to general prevention efforts.

Both the components of role modeling and the creation of opportunities are integral aspects of girl-based programming. The philosophies behind girl-based programming emphasize the power and importance of providing girls with positive female role models and developing positive connections to peers, facilitators, and community mentors, as well as parents and families. These types of programs also focus

on the provision of new and exciting extracurricular activities that both engage the interest of female adolescents and promote daily physical activity for the enjoyment of the experience. Girl-based programs not only address many of the factors related to the prevention of eating disturbances (i.e. physical activity, body satisfaction, healthy eating, managing stress, family and peer influences, parent involvement, etc.), but also go beyond to address general adolescent well being. It is clear that girl-based programs offer female youth the opportunity to express themselves within the comfort of a supporting environment.

The findings also indicate that gender differences are an important consideration for prevention programming in reference to the risk and protective factors at play, as well as the facilitation approaches required. With continued debate on whether or not to separate females and males within prevention programming for eating disturbances, the findings suggest that prevention needs to acknowledge the role and influence of gender and integrate this discussion into programming. The power of female connections and relationships is clearly evident within the girl-based groups in this study and suggests that group sharing and honest interactions enables the participants the opportunity to explore their personal feelings and behaviors.

As illustrated throughout the findings of this study, distinct connections are made between self-esteem and eating disturbances, self-esteem and physical activity, and obesity and body image. By linking these variables together through obesity prevention and eating disorder prevention program rationales and program goals, girl-based programs demonstrate a "fit" within these approaches. Although primarily based on self-esteem, girl-based programs have much to offer the two fields, including insight into

female centered facilitation approaches, the importance of positive role modeling and mentorship and the strength in providing supportive, caring group environments.

Whether girl-based programs are viewed as an alternative intervention for the prevention of eating disturbances within the fields, I believe that the findings of this study do indeed make a case for their inclusion. Through their rationales and activities, girl-based programs have demonstrated that they are a piece of the prevention puzzle and are committed to providing quality programming that focuses on healthy adolescent development. The findings have shown the strengths of girl-based programs do have a "fit" within general prevention approaches, with lessons to be learned on integrating both obesity prevention and eating disorder prevention into a comprehensive discussion on adolescent health and well being.

5.4 Future Directions

In order to truly make a difference in the lives of children and adolescents and their struggles with food and weight related issues, the findings from this study's critical analysis suggest that a comprehensive program aimed to prevent both obesity and eating disorders would integrate many of the following components: address a holistic definition of health with varying health promotion action strategies, incorporate elementary school aged children, address both individual and socio-environmental levels of action, and highlight the relevant gender issues. Through the use of multiple strategies targeting multiple levels of influence, prevention programs will be able to address the many interrelated factors at play within the spectrum of eating disturbances. Among the many dedicated and phenomenal people working within prevention in the province of Alberta, I

hope that they will continue to look outside the box and the parameters of their own prevention goals to work collaboratively with other programs and other fields.

The implications of this study are thus directed toward many levels of influence. The findings suggest that to prevent issues related to food and weight, youth need supportive environments, positive role modeling behavior and opportunities to easily integrate healthy eating and active living into their daily lives. The findings suggest that youth are responsive to initiatives that respect their views, are based in their lived reality, and provide new and exciting experiences. For youth, comprehensive prevention programming has the potential to make a significant impact on many of their issues related to food and weight.

The findings also support the efforts made within the overall comprehensive school health initiatives. The study specifically acknowledges the immense power within the role modeling capabilities of teachers and school environments. Efforts to go beyond nutrition and physical education by creating environments that support a holistic view of health hold promise in the prevention of eating disturbances. The findings point to the need for schools to continue to address issues related to the socio-environmental elements of prevention, directing attention toward the vast environmental influences at play in students' lives (i.e. weight stigma, food availability, parental influences, the mass media, etc.). These implications however rest on buy-in from program funding agencies and the government agencies involved in prevention efforts. As the study's findings suggest that continued dialogue is needed between the two fields of obesity and eating disorders prevention in order to provide comprehensive programming, this dialogue also needs to

extend to the bureaucratic organizations involved, the influence such organizations have on the policy level and their ability to get such programs off the ground.

The findings suggest a need for future research to examine the effectiveness of various prevention approaches through comprehensive evaluation studies. To provide best practice support and inform future initiatives, prevention programming needs evidence on which to best move forward, providing additional tools for effective evaluation. The findings also point to the need for research to further explore how to practically integrate the spectrum of eating disturbances into prevention programming. As the commonalities between the various approaches have been highlighted throughout this study, implementing a holistic perspective of health into such programs may require practical considerations and recommendations.

It is also clear that future research and consideration must be paid on how to more effectively involve parents in prevention programming. Although programs recognized the importance of parents' role in the lives of youth, many challenges were cited as to how to effectively gain their trust and participation in programming. Consideration needs to be made to family dynamics and the relevant family situations that play a role in parent involvement, directing their participation to address the influencing nature of the parent-child relationship as it relates to food and weight. The findings also point to the need to explore the elements of social action most appropriate at the youth level.

I believe that it is more than simply a person's weight that is at issue here. I question what the impact would be if health professionals and educators turned the issue of eating disorders and obesity on it's head, framing the problem in a new perspective. What would happen if the standard practice is based on "alternative" interventions aimed

at empowering young people to keep their own voices, fight against inequalities and gender stereotypes, and grow up with a feminist-based outlook on life and their role in it? Perhaps prevention of a wide range of eating disturbances is best viewed as only a piece of a larger puzzle that focuses on general, healthy, adolescent development. I conclude this study with the belief that the potential impact could be enormous, with empowered children growing up prepared to challenge society's demands and take the message into the lives of their peers, family and beyond.

The larger question that seems to get lost among many prevention programs aimed at eating disorders and obesity is 'how can we begin to make a real difference in the lives of young people in this society?' This simple question encompasses a whole range of issues that are often times only skimmed at the surface throughout present prevention efforts. In order to truly effect change, I believe that programs need to focus more attention on the societal demands that place pressure on people to fit standard ideals in a consumer-driven society and the socio-environmental factors related to physical activity and eating.

It is not enough to simply place all the responsibility for health on the individual children and adolescents struggling with an eating problem; the eating problem is only a small part of what lies beneath the challenges they face. With the majority of prevention efforts for eating disturbances aimed solely at the individual level, they perhaps show limited effectiveness because they require a more ecologically based perspective. By providing a critical analysis of present prevention programs, I hope to have challenged the various perspectives on the issue, my own included, and have provided a clear summary for use in future prevention designs.

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Appendix A: Telephone Script for Initial Contact

Hi. My name is Dawn Hare and I am a Health Promotion graduate student at the University of Alberta, in Edmonton, supervised by Dr. Kim Raine. I received your contact information from [fill in depending on individual situation] and would like to take this opportunity to describe my Master's research project, and see if your organization/program would like to become involved.

I am conducting my Master's thesis on prevention approaches to both eating disorders and obesity in Alberta. I aim to study current prevention programs in Alberta to establish a baseline assessment of the varying concepts, procedures, strengths, weaknesses and limitations. The prevention programs will encompass both school-based and community-based programs, focused on varying target groups and target ages, and will also include programs not explicitly defined as eating disorder or obesity prevention; namely, girl-based, self-esteem programs. I am working under a larger research project focused on ecological approaches for promoting healthy weights in Canada and specifically, toward informing a future school-based prevention intervention.

Your organization/program's participation would involve:

- sending me relevant program documentation that describes your program's goals and operations (be that formal, informal, promotional or evaluative materials)…**explain more**
- **following the time allotted for my document review and if selected:** setting up, at minimum, one, 1-hour tape-recorded interview session with myself and one of your staff (who is informed of the program's program theory) at a scheduled time and location
- **[if a girl-based program and selected]**: enabling my participation in one session of the program's implemented activities, as an adult volunteer and/or observer
- **[if a girl-based program and selected]**: assisting me in setting up one, 1-hour focus group with participants in your program

Do you have any questions at this point? **If no,** would you be interested in participating in a program document review?

If not interested: Thank you very much for your time.

If interested: The first component will be to send me your program documentation. [Give mailing address or email address] The next phase of my data collection will be conducting 5 interviews with varying types of prevention programs. I will be selecting programs to be interviewed following the document review. Would your program be interested in participating (I will only require one person from your program staff)?

If yes: If your program is one of the five programs selected for an interview in this study, I will contact you by telephone by [date].

If no: Thank you.

Appendix C: Telephone Script for Scheduling Interviews

Hi. My name is Dawn Hare, a graduate student with the Centre for Health Promotion Studies at the University of Alberta. We spoke on the phone [date], and I have received your program documentation on [date]. Thank you very much for your assistance in my data collection process.

Upon completing the first phase of my document review, I have selected your program to be interviewed to collect additional information. Would you or a member of your staff be interested and willing to participate in an interview? The time and location would be set up at your convenience.

If not interested: Thank you very much for your time and your help with this study.

If interested: I will be starting my interviews on [date] and running them until [date]. Is there a particular time within these dates that is most convenient for you?

Set up interview time and location.

If a girl-based program: At the time of our scheduled interview, I would also like to schedule a time to participate in one of your program activities and further discuss the possibility of setting up a focus group with your participants.

I will send a confirmation email of this interview schedule by [date] and call to confirm a week before our interview time.

You can contact me at the Centre for Health Promotion Studies or directly by my email address (give information) for any additional questions about the interview. If, at any point, there is a conflict with our interview schedule or you change your mind about participating, please contact me as soon as possible. Thank you very much and I look forward to meeting with you.

Appendix D: Interview Guiding Questions (Program Staff)

Introduction

1.) What is your name and could you please state your position within the program?
2.) When did the [name of the program] start?
3.) Do you know how the program developed or why the program was needed? If yes, could you please describe?

Target Population

Can you tell me more about who your program is trying to reach?

Probes:

1.) What population is [name of program] trying to help?
2.) Are target groups aware that this program exists?
3.) Does the target group know how to obtain more information about the program?
4.) Is there anyone else that the program can help (such as family members or the community)?
5.) What kinds of problems are there in reaching this population?
6.) **[For girl-based programs]** Could you speak about targeting high-risk populations?
7.) **[For girl-based programs]** How are girls motivated/recruited into the program?
8.) [If program includes a parental component] How are parents involved? Are there any challenges with engaging parents?

Program Components

Can you tell me about how your program operates?

Probes:

1.) How many staff members are in the program? What are their roles?
2.) Are there any volunteers and if so, how many and what do they do?
3.) What kinds of resources does the program need in order to function?
4.) Are there any other things that indirectly add to the program?
5.) Are there enough resources for the program to work?
6.) What sorts of difficulties are there in getting all components of the program to work properly and as a team?
7.) How does the program fit with the school curriculum?

Program Activities

Can you tell me about the specific activities your program offers?

Probes:

1.) What types of activities does the program provide to the target group?
2.) What is the most important service/activity that the program offers?
3.) What difficulties are there in providing these services?
4.) What is the easiest component to provide/implement?
5.) How are all these activities coordinated such that the program works efficiently?
6.) Does the program have a role in curriculum changes/modifications?
7.) **[For girl-based programs]** How are the activities decided upon? Is there input from the girls?

Program Outcomes

Can you tell me what your program aims to accomplish?

Probes:

1.) What are the immediate outcomes of the program?
2.) Are there any indirect effects? If yes, what are they?
3.) Are there any long-term outcomes? If yes, what are they?
4.) Are there any outcomes for the community in general?

Conceptual Links

1.) How does the various components of the program and the activities they perform, result in the desired outcomes?
2.) How does the program work with the community?
3.) How does the program staff work as a team to achieve the desired outcomes?
4.) What kinds of things are essential so that the components of the program and the activities they perform result in the desired outcomes?
5.) Is the [name of the program] a simple process or are there obstacles in getting all the components of the program to work properly to achieve the desired outcomes?
6.) In your opinion, what are the strengths and weaknesses of the program/ resource in making a difference in youth health?
7.) **[For obesity prevention program]** Can you explain the process of implementing policy changes within the schools?
8.) **[For eating disorder prevention resource]** Could you discuss the developmental asset theory and how it fits within your resource?

Health Promotion Framework Links (show informant evaluation framework)

1.) Can you speak to the role of evaluation within [name of program]? Are there any difficulties in evaluating the impact of the program?
2.) How do you feel the program addresses each of the HP strategies? Individual characteristics [dependent on each program]? Socio-environmental characteristics [dependent on each program]?
3.) Is there a social action component to [name of program]?

Emerging Issues to Prevention

1.) What is your viewpoint on present prevention efforts toward both eating disorder and obesity prevention in Alberta? What are your experiences with positive outcomes as well as the challenges still facing prevention efforts?
2.) What are some issues that your program faces in terms of effecting meaningful change in both the individual and society?
3.) Are you familiar with current size acceptance, self-esteem interventions in Alberta or elsewhere? If yes, do you believe that they could potentially have a place among school-based or explicitly defined "prevention" efforts?
4.) What is your opinion on separating prevention efforts into both boy and a girl focused interventions? What are some advantages and disadvantages?
5.) What are your thoughts on targeting prevention interventions at elementary school aged children?
6.) **[For girl-based programs]** What do you believe are the present barriers in evaluating prevention programs focused on empowerment and capacity building? What types of evaluation measures do you feel are or would be most effective?
7.) **[For girl-based programs]** What issues stand out in your mind as to what efforts need to begin or continue in order to make a positive difference in the lives of young women growing up today?
8.) If a future school-based effort was to be designed to integrate both eating disorder and obesity prevention, what would it look like?

I agree to take part in this study.

Date: _____

Signature of Interviewee: _____

Printed Name: _____

Witness (if available): _____

Printed Name: _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Date: _____

Researcher: _____

Printed Name: _____

Confidentiality

Your daughter's program will be named, but her identity will be kept private. She will be given a code name that will be used on all data. I may use her direct quotes in my report but her name will be kept private. All data will be held confidential, except when professional codes of ethics or legislation requires reporting.

The data from the focus group will be kept for five years after the study is done and then destroyed in a confidential manner. The data will be kept in a locked filing cabinet. Only my research committee members and myself will have access to her data. The focus group data may be looked at again in the future to help answer other study questions. If so, the ethics board will first review the study to ensure the information is used ethically.

I will remind the focus group that what is said is to remain private. I will explain to them that there is no pressure for them to share their thoughts. As a group we will all sign a group agreement to respect each other's privacy.

Risks

Your daughter will be asked about her views of [name of the program]. There is a small chance that your daughter could get upset during the group. She will be free to decline to answer at any time. She may stop sharing her views at any time. She may leave the group at any time. There will be no costs to you or her for taking part.

We do not expect any adverse effects, but if your daughter becomes upset, she can be referred for appropriate counseling.

Direct Benefits

There will be no direct benefit for joining this study. She will get the chance to voice her views of the [name of program] and reflect on these views. This study aims to inform future programs for young women.

Contact Information

If you are willing to have your daughter join this study, please sign the consent form. Please have your daughter bring it to the focus group on [date].

If you have any questions about the study, please contact my thesis supervisor, Dr. Kim Raine or myself.

Dawn Hare

Appendix I: Consent Form for Parents/Guardians of Focus Group Participants

Research Project Title: Promoting Healthy Weights for Children and Adolescents: A Critical Review of Alberta's Programs
Principal Investigator: Dr. Kim Raine Contact Information: Phone: (780) 492-9415 Email: kim.raine@ualberta.ca
Co-Investigator: Dawn Hare Contact Information: Phone: (780) 492-8837 Email: dhare@ualberta.ca

	Yes	No
Do you know that your daughter is being asked to be in a research study?		
Have you read the attached information sheet? Have you been given a copy?		
Do you know the benefits and risks in taking part in the focus group?		
Have you had the chance to ask questions and discuss the study?		
Do you know that your daughter is free to withdraw from the group at any time?		
Has the issue of privacy been explained to you? Do you know who will have access to the data?		
Do you know that you can contact the researcher if you have any questions or concerns?		
Do you want to receive a summary copy of the study results? If so, please provide your mailing address. A summary report will be sent to you at the completion of this research study. _____ _____ _____ _____		

I give permission for my daughter _____ *to participate in this study.*

Date: _____

Signature of Parent/Guardian: _____

Printed Name: _____

I _____ *(daughter's name) agree to take part in this study.*

Date: _____

Signature of Participant: _____

_____

Witness (if available): _____

Printed Name: _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to allow their daughter to participate.

Date: _____

Researcher: _____

Printed Name: _____

Appendix J: Focus Group Guiding Questions

Introduction

Start with a quick icebreaker game
Sign the Group Confidentiality Agreement

Program Activities

Can you tell me what kinds of activities you do in this program?

Probes:

1.) What kinds of things does the [name of the program] do for young women?
2.) What kinds of activities did you like the best? Like the least?
3.) What is the most important service that the [name of the program] offers?
4.) Do you think that the program is organized?
5.) Do you feel comfortable with the staff? Do you feel open to ask questions?
6.) Do you know of anyone who had problems with the program? If so, what happened?

Target Population

Can you tell me about who you think this program is designed for?

Probes:

1.) How and why did you get involved in the program?
2.) Who does this program help?
3.) Are these young women aware that the program exists?
4.) How do youth obtain more information about this program?
5.) Do you know of any problems that make it harder for young women to access the program?
6.) Is there anyone else that the program can help? If so, who?
7.) What kinds of problems are there in reaching your age group?

Program Outcomes

Can you tell me what this program means to you?

Probes:

1.) What to you think that [name of program] is supposed to do? Do you think that the program works/does what it is supposed to?

2.) Can you think of any benefits in being involved in the program?
3.) Do you feel like you can count on the program when you need support, etc.?
4.) Do you feel more confident in your life after your experience with the program?
5.) Are you happy that the program exists? Why/why not?

Conceptual Links

1.) How does the program help you?
2.) What activities does [name of the program] give you that you think helped the most?
3.) What is it like to be in your grade? What are the major issues that you deal with?
4.) How do you feel about a girls-only program? Would things be different if you discussed [name of program] topics with boys? Why/why not?
5.) Who do you look up to?
6.) Do you feel your parents know about or understand the things you talk about in [name of program]?
7.) How is the program different than other school or community programs?
8.) What do you think is the biggest challenge facing girls today?

Appendix K: Group Agreement for Maintaining Confidentiality

A key part of this focus group is that we respect each other and our views. While we are talking about [name of program] we need to feel comfortable sharing our views. We also need to trust that what we say stays within the group. To respect each other's privacy, each participant will sign her name to a separate form.

"I promise that I will show respect to all members of this focus group. I will keep private the views other girls share. I agree not to talk about other girls' views to anyone outside the group."

Additional Comments:

_____
_____
_____
_____

Name: _____

Signature: _____

Date: _____

Researcher's Signature: _____

Appendix L: Framework for Analysis - HEAL
Health Promotion Evaluation Framework

Program Title: Healthy Living and Active Living (HEAL) Project

Source of Evidence (documentation provided):

- HEAL final report and updated proposal, interview with program contact

Program Description (i.e. goals, target group, program components, program activities, program outcomes):

- Goal is to enable children and their families in four Edmonton inner city schools to decrease their life time risk for type 2 diabetes by reducing the barriers and increasing access to opportunities for healthy eating and active living
- Through knowledge gains, behavior change and policy changes (info about diabetes, eating fruits and vegetables, physical activity, parent interest and knowledge gains, healthy school environment)
- Activities include classroom teaching, after-school, after-school activity programs, cooking programs, girls' and boys' groups, purchase of equipment, promotion of physical activity throughout school, informational resources, family 'birding', and parent information evenings
- Project staff include three community health nurses and a registered dietitian
- Community partnerships with YMCA, City of Edmonton Community Services and U of A medicine and nutrition students
- City Centre Education Project (with goal to ensure equitable access) received funding through Health Canada to 'reduce the prevalence of obesity and physical inactivity among children in three inner city schools'
- Short-term outcomes = increasing knowledge, changing behavior, creating supportive environments and building community capacity
- Target is 880 students and their families
- Intended impact is to impact the life long health of target group
- Project also aims to overcome language and cultural barriers and addressing high transient rates

PART 1: HEALTH PROMOTION CHARACTERISTICS

1. Health Promotion Strategies
Check off which health promotion strategies were used in this program.

Five priority health promotion strategies are outlined in the Ottawa Charter for Health Promotion. These are:

- X 1. Building healthy public policy
- X 2. Creating supportive environments
- X 3. Strengthening community action
- X 4. Developing personal skills
- ☐ 5. Reorienting health services

2. Determinants of Health

Check off which determinants of health are addressed in this program.

X Income and social status	_ Biology and genetic endowment
_ Social support networks	X Personal health practices
X Education	_ Healthy child development
_ Employment and working conditions	_ Health services
_ Social environments	X Gender
_ Physical environments	_ Culture
_ Other (please specify)_____	

Did the program focus go beyond individuals? Yes No

Was health addressed in the context of social and environmental factors? Yes No

- This discussion is explicitly laid out in HEAL proposal
- Income – families develop capacity to make HEAL fit within budget through classroom education, cooking classes, information material and have same opportunities as kids in higher income schools through program and equipment
- Environment – help create new social environment in schools through teaching, displays, supportive policies, interaction with nurses, activities and buy-in from staff
- Personal health – Through school programming and activities

3. Ecological Levels of Influence

a) Individual Characteristics

Check off which factors are addressed by this program.

_ Media Use and Attitudes	X Knowledge Gain
_ Body Image	X Physical Activity
X Eating Attitudes and Behaviors	_ Weight Control Behavior
_ Puberty Development	X Gender
_ Personality Traits	_ Sexual Orientation
_ Age	_ Coping
X Emotional Well-Being	_ Managing Stress
X Self-efficacy	_ Social Action
X Respect for Diversity	_ Decision-Making
Other_____	X Communication

b) Familial and Peer Influences

Check off which factors are addressed by this program.

X☐ Family Meals	_☐ Peer Beh/Peer Group Norms
_☐ Media Use at Home	_ Teasing and/or Bullying
_☐ Parental Encouragement of Dieting	_ Weight-talk
_☐ Sexual/Physical Abuse	_☐ Parental Weight and Body Image
X☐ Home Food Availability	_☐ Parental Styles and Behavior
_☐ Family Relations	_☐ Parental Role Modeling/Support
X☐ Parental Component in Program	_☐ Eating-out Practices
☐ Other_____	X Role Modeling

c) School and Other Institutional Factors

Check off which factors are addressed by this program.

X☐ School Lunch Food	_☐ Individual Counseling
X☐ School Prevention Activities	_☐ School Health Facilities
_☐ School Vending Machines	X☐ Extracurricular Activities
X☐ Physical Education Program	_☐ Weight-teasing Policies
X☐ Staff Knowledge and Attitudes	_☐ Educational Programs☐
_ Referral Systems ☐	X Other – Junk-free food policies
_☐ Outreach Activities	

d) Community Factors

Check off which factors are addressed by this program.

_☐ Teen-friendly Recreational Facilities	_☐ Treatment/Prevention Services
_☐ Fast-food Restaurants	_☐ Supermarkets
_☐ Access to Parks	_☐ Walking and Bike Paths
_☐ Community Safety	_☐ Public Transportation
X☐ Interactions between Community Members	
_☐ Youth Development Programs	

What were the guiding strategies used to address each factor?

- Community partnerships with YMCA and City of Edmonton Community Services (deliver sports and recreation program) and U of A (school instruction) and various other donors

e) Societal Factors

Check off which factors are addressed by this program.

_☐ Socio-cultural Norms for Ideal Body	X☐ Gender Role Expectations
_☐ Eating Out Norms	_☐ Media Influences
_☐ Weight Discrimination & Stigmatization	X☐ Food Policies
X☐ Portion Sizes	_☐ Other_____
X☐ Food Availability	

4. Youth Participation and Empowerment

Was evidence presented that youth have been actively involved in program planning (including identifying needs), and implementation? Yes **No**

- However, kids' interests are taken into consideration and supported (i.e. with foot sol game)

After implementation, did the youth have the opportunity to share information about the program on a regular basis? Yes **No**

- Kids seem excited to tell nurse what they've done that fits with HEAL messages
- Future plan to include students and parents in program planning

Was the empowerment of youth a guiding principle of this program? Yes **No**

Was there a social action component to this program? Yes **No**

5. Current Knowledge

Is there evidence (i.e., other evaluations, published literature, theory, experience) presented to support the choice and effectiveness of the program activities? **Yes** No

- Need is supported in literature as childhood obesity is increasing in Canada, with children from low-income families at particular risk and aboriginal children also more likely to be obese
- Children in low-income areas lack opportunities for physical activity and recreation, as well as lack access to quality and quantity of nutritious food that they need because of low-income, limited access to shopping or lack of food preparation skills
- Based on wanting to provide kids with recreation opportunities that other kids have after-school, recognizing that its important to overall health and their education
- Recognized how large an issue nutrition was and in particular, environments that supported healthy eating

If prior evaluations were conducted, were efforts made to modify the program according to the findings? **Yes** No

- It appears so, but did keep pretty similar – added awareness to parent involvement, transient rates and language/cultural barriers

6. Community Capacity

Was the local context taken into account in the development of the program? **Yes** No
- Basis of development of project because of lack of opportunities in inner city area

Did the program build on local resources? **Yes** No
- Partnerships with local organizations for services and support

Was the program sustainable or did it have a sustained impact? **Yes** No
- Created legacy of resources that will continue to be used, program now supported by private donations, program have been embraced by schools, many programs and activities will remain (free ones)

Did the program deliver the intended impact with a time frame that was appropriate to the needs of the target population? **Yes** No

Part 1: Does this program exemplify health promotion principles and practice (framework steps 1-6)? That is:

- Was one or more than one Ottawa Charter Strategy used in this program?
- Were appropriate population determinants of health addressed?
- Was more than one level of the ecological model addressed?
- Was the program directed towards increasing community/youth control over the determinants of health?
- Was the program based on current knowledge regarding appropriateness and effectiveness?
- Did the program make effective use of available resources?

Overall rating: *very weak weak **fair strong** very strong*

General comments on the health promotion characteristics and strengths of this program:
- Grounded in research and addressing a "need"
- Demonstrated commitment to Health Promotion principles, as evident in evaluation report and project proposal (explicit reference to HP)
- Project is looking at a specific population in need (inner city, low income)
- Founded in philosophies of City Centre Education Project and through huge collaboration
- Simple goal to have kids make better choices most of the time and get them moving
- Health and education working together
- Place importance on figuring out new ways to mobilize families

- Supportive and encouraging of kids' interests
- Try to build messages into fun activities
- Staff buy-in
- Realistic with what trying to accomplish with parents
- All inclusive to various age levels (with program aimed at specific grades)
- Students are fed two meals at school
- Focus on policy changes
- Many elements are sustainable without additional funding
- Aware of importance of getting students and parents involved in program planning one day

PART 2: EVALUATION OF EFFECTIVENESS

7. Evaluation Process

Did the program provide evaluation data for the document review? **Yes** No

If no, has the program conducted any evaluation studies to date? **Yes** No

a) Evaluation design

Were the program goals and objectives clear and appropriate to the scope of the program? **Yes** No

- Objectives related to goal of reducing barriers and increasing access to opportunities (knowledge of type 2 diabetes, reported consumption of more fruits and vegetables, reported physical activity increases, increased parent knowledge and interest, and school policy changes)
- Clear date to reach objectives – March 31, 2005

Were the evaluation goals clear and appropriate to the scope of the program? **Yes** No

- Increase knowledge, change behaviors, creating supportive environments and building community capacity

Could the evaluation design answer the evaluation questions? **Yes** No

- Explicit and directly related to program goals and objectives

Does the evaluation refer to **short** and/or long term indicators? **Yes** No

- Increasing knowledge, increasing opportunities, increasing physical activity, healthier food choices, culture change within school, increased parental knowledge and interest, increased parent participation, continued support of partners

b) Data collection methods

Were data collection methods clearly described? **Yes** No

- Evaluation consultant hired but data collected by project staff

- Formative (focus groups), measurement of height and weight, knowledge-attitude- behavior questionnaire, program evaluation forms, focus group with project staff, focus group/interviews with school staff, dipstick measure

If appropriate, were a variety of data collection and evaluation methods used? **Yes** No

Were data collected from more than one source? **Yes** No

- Students, project staff, and school staff

Were qualitative and or quantitative data collected? Qualiative Quantitative **Both**

c) Interpretation of results

Did the interpretation of the evaluation results flow logically and clearly from the analysis of the data? **Yes** No

- Because objectives were quite specific for short term

Was attention given to negative and positive consequences, both intended and unintended?
Yes No

- Shown in 'lessons learned'

d) Impact

If an impact was shown, was it likely attributable to the program? **Yes** No

- See HEAL summary sheet

Were the program inputs, processes and outcomes clearly described or illustrated? If yes, indicate whether of not a logic model was used? Yes **No**

e) Principles for the evaluation of health promotion initiatives

Were health promotion principles (participation, capacity building, multiple methods and appropriateness) incorporated into the evaluation process? **Yes** No

8. Effectiveness

Did the program have a positive short or long term outcome? **Yes** No
Specify the outcomes and whether they were short and/or long term.

- Short term impact in increasing knowledge, changing behavior, creating supportive environments and building community capacity
- First three year project was successful in creating a new culture and health promoting environment within each of the project schools by promoting and celebrating healthy choices

9. Lessons Learned

Can conclusions be drawn from this project? **Yes** No

Are lessons learned from this program (what worked and what didn't work?) **Yes** No

- Explicitly referenced in report
- Critical component of school nurses present in schools, school buy-in is a must, start where people are at, recognizing that behavior change takes time, children and families in the area need basic skills, need to address language and cultural barriers, need to be aware of way food is presented to kids (interesting and appetizing), need to be sensitive to literary issues, and issues of transient populations

Does this program contain important lessons for other communities, health issues, etc.? **Yes** No

- Key strength was in ability of project staff to recognize potential opportunities and to introduce them (flexibility)
- Need to re-focus on enhancing parent involvement
- Important to have leadership in schools
- Project however not replicable to suburban communities
- Need to make concerted effort to connect HEAL messages with health and physical education curriculum, explore ways to integrate HEAL messages into other parts of curriculum, need to develop strategies to get new students and teachers on board

Does this program have a unique, but potentially promising feature(s)? **Yes** No

Would the findings be useful in guiding future policy development, health promotion program design, and/or health promotion practice? **Yes** No

- Act as a model for other inner-city and low-income area schools and neighborhoods

Part 2: Does this program's evaluation provide evidence that the program has a positive impact on the intended target population (Framework steps 7-9) ? That is:

- Was the evaluation appropriately designed? Did it use appropriate data collection and analytic methods? Did it describe the program inputs, processes, and outcomes?
- Did the program show success in achieving short or long term outcomes; OR did the program show promise with respect to theses outcomes?
- Were lessons learned from this program that would be useful in guiding future policy development, program design or health promotion practice?

Overall rating of evaluation of effectiveness?

Weak Suggestive Acceptable Conclusive

General comments on the evaluation of the effectiveness of this program:

- Showed that objectives were reached but I guess the larger question is whether these successes (knowledge gains mostly) have a sustained impact on obesity

Appendix M: Framework for Analysis – Body Image Kits
Health Promotion Evaluation Framework

Program Title: Body Image Kits

Source of Evidence (documentation provided):
Internet info, photocopied material from kits, annual report, articles from Eating Disorders Journal, T/F Quiz, Intro sheet to kits, interview and classroom observation

Program Description (i.e. goals, target group, program components, program activities, program outcomes):

- Resources that encourages children, youth and adults to formulate healthy attitudes and behaviors about body image and self-acceptance
- 4 levels of kits: K-3, 4-6, 7-9 and Parent
- Kits focus on behaviors and attitudes that support wellness
- Address influences that shape body image, discrimination based on appearance and self-acceptance
- Resource to support health curriculum
- Purpose is to facilitate interactive discussions within the classroom – facilitate development of critical thinking skills and problem solving abilities
- Grounded in eating disorders prevention, a wellness model, developmental assets and experiential learning
- Kits are Alberta Learning authorized teaching resources
- Accessible for schools and community throughout province through the Eating Disorders Promotion and Prevention Specialists
- The new kits are only available to purchase through Body Image Works
- Numbers available as to stats on how often kits loaned out
- Evaluations to data involve handouts in kits for instructors, participants and resource evaluations, but with minimal data received
- Future plans for international evaluations on kits

PART 1: HEALTH PROMOTION CHARACTERISTICS

1. Health Promotion Strategies

Check off which health promotion strategies were used in this program.

Five priority health promotion strategies are outlined in the Ottawa Charter for Health Promotion. These are:

_☐ 1. Building healthy public policy
_☐ 2. Creating supportive environments
_☐ 3. Strengthening community action
X☐ 4. Developing personal skills
_☐ 5. Reorienting health services

2. Determinants of Health

Check off which determinants of health are addressed in this program.

_☐ Income and social status	_☐ Biology and genetic endowment
_☐ Social support networks	X☐ Personal health practices
X☐ Education	X☐ Healthy child development
_☐ Employment and working conditions	_☐ Health services
X☐ Social environments	X☐ Gender
_☐ Physical environments	X☐ Culture
_☐ Other (please specify)_____	

Did the program focus go beyond individuals? **Yes** No

Was health addressed in the context of social and environmental factors? **Yes** No

- I.e. socio-cultural norms, familial/peer relationships, teasing, parental involvement, gender, media influences, weight stigma, role modeling

3. Ecological Levels of Influence

a) Individual Characteristics

Check off which factors are addressed by this program.

X☐ Media Use and Attitudes	X☐ Knowledge Gain
X☐ Body Image	_☐ Physical Activity
X☐ Eating Attitudes and Behaviors	X☐ Weight Control Behavior
X☐ Puberty Development	X Genetics
X☐ Personality Traits	_☐ Sexual Orientation
_☐ Age	X Coping
X☐ Emotional Well-Being	X☐ Managing Stress
X☐ Self-efficacy	_☐ Social Action
X☐ Respect for Diversity	X Communication

What were the guiding strategies used to address each factor?

- Activities within the kits
- Experiential learning (through surfacing ideas)

b) Familial and Peer Influences

Check off which factors are addressed by this program.

_☐ Family Meals	X☐ Peer Beh/Peer Group Norms
_☐ Media Use at Home	X☐ Teasing and/or Bullying
X☐ Parental Encouragement of Dieting	_ Weight-talk
_☐ Sexual/Physical Abuse	X☐ Parental Weight and Body Image
_☐ Home Food Availability	X☐ Parental Styles and Behavior
X☐ Family Relations	X☐ Parental Role Modeling/Support
X☐ Parental Component in Program	_☐ Eating-out Practices
_☐ Other_____	X Role modeling

c) School and Other Institutional Factors

Check off which factors are addressed by this program.

_☐ School Lunch Food	_☐ Individual Counseling
X☐ School Prevention Activities	_☐ School Health Facilities
_☐ School Vending Machines	_☐ Extracurricular Activities
_☐ Physical Education Program	_☐ Weight-teasing Policies
X☐ Staff Knowledge and Attitudes	X☐ Educational Programs☐
_ Referral Systems ☐	X Access
_☐ Outreach Activities	X Teaching training

d) Community Factors

Check off which factors are addressed by this program.

☐ Teen-friendly Recreational Facilities	☐ Treatment and Prevention Services
☐ Fast-food Restaurants	☐ Supermarkets
☐ Access to Parks	☐ Walking and Bike Paths
☐ Community Safety	☐ Public Transportation
☐ Interactions between Community Members	☐ Other_____
☐ Youth Development Programs	

e) Societal Factors

Check off which factors are addressed by this program.

X☐ Socio-cultural Norms for Ideal Body	X☐ Gender Role Expectations
_☐ Eating Out Norms	X☐ Media Influences
X☐ Weight Discrimination & Stigmatization	_☐ Food Policies
_☐ Portion Sizes	_☐ Other_____
_☐ Food Availability	

4. Youth Participation and Empowerment

Was evidence presented that youth have been actively involved in program planning (including identifying needs), and implementation? Yes **No**

After implementation, did the youth have the opportunity to share information about the program on a regular basis? **Yes** No

- There are evaluation sheets available with the kits but unsure whether used or sent in following sessions

Was the empowerment of youth a guiding principle of this program? **Yes** No

Was there a social action component to this program? Yes **No**

5. Current Knowledge

Is there evidence (i.e., other evaluations, published literature, theory, experience) presented to support the choice and effectiveness of the program activities? **Yes** No

- Alberta learning authorized resource – research and program based
- Development was a collaboration of many (with relevant experience to add)
- Grounded in eating disorders prevention, wellness model, developmental assets and experiential learning
- Focus on discrimination based on appearance
- New health curriculum put out had body image running throughout it, however there was a lack of resources for teachers on how to teach component
- Designed as a cutting edge resource for health promotion and both eating disorders and obesity prevention
- Critiqued by teachers
- Promotes decision making
- Alberta curriculum designed to accommodate innovative teaching techniques
- Focus on in-servicing teachers versus parachuting in by guest speakers
- Addresses teachers' busy schedules
- Premise that kids who feel good, learn better
- Accepts where kids are at and let peers be guide
- Looks to the gaps

If prior evaluations were conducted, were efforts made to modify the program according to the findings? Yes **No**

6. Community Capacity

Was the local context taken into account in the development of the program? **Yes** No

- Based on reaching learning outcomes for health curriculum

Was the program sustainable or did it have a sustained impact? **Yes** No
- Accessible to teachers/community through loans or through purchase

Did the program deliver the intended impact with a time frame that was appropriate to the needs of the target population? Yes No
- Not enough information

Part 1: Does this program exemplify health promotion principles and practice (framework steps 1-6)? That is:

- Was one or more than one Ottawa Charter Strategy used in this program?
- Were appropriate population determinants of health addressed?
- Was more than one level of the ecological model addressed?
- Was the program directed towards increasing community/youth control over the determinants of health?
- Was the program based on current knowledge regarding appropriateness and effectiveness?
- Did the program make effective use of available resources?

Overall rating: *very weak* *weak* *fair* ***strong*** *very strong*

General comments on the health promotion characteristics and strengths of this program:
- Research and program based (credible base grounded in theory)
- Original contribution to school curriculum
- Recognizes both sides of spectrum of eating disturbances
- Authorized resource
- Easy to use for teachers (recognizing busy schedules)
- Felt need for resource and timely for what happening in curriculum
- Group work, finding voice and surfacing ideas
- Valuing differences
- Experiential learning
- Addressing different styles of learning
- Starts in kindergarten and crosses lifespan – there to meet demand for upper level kits
- Gender consideration
- Create opportunities for more social action component
- Reach is steadily increasing across Canada and internationally
- Offer best practice in one package
- Developmentally appropriate
- Parental component
- Belief that dieting is never solution for a child

- Shows shift in attitudes of priorities
- Engage youth through fun and interactive sessions
- Focus on commonalities of 2 fields versus differences
- Access issues addressed through ability to now purchase

PART 2: EVALUATION OF EFFECTIVENESS

7. Evaluation Process

Did the program provide evaluation data for the document review? **Yes** No

- Minimal data on borrowing stats
- In process of planning

a) Evaluation design

Were the program goals and objectives clear and appropriate to the scope of the program? **Yes** No

- Kit outcomes correspond to Alberta learning outcomes for health curriculum (regarding body image)
- Self-esteem, resiliency building, skill building, behavior enhancing

Were the evaluation goals clear and appropriate to the scope of the program? Yes **No**

- Evaluations mostly based on endorsements and anecdotal but nothing in writing or a report
- Future plans for international evaluation but as of now too costly

Could the evaluation design answer the evaluation questions? Yes No

- N/A

Does the evaluation refer to short and/or long term indicators? Yes No

- N/A

b) Data collection methods

- N/A

Were data collection methods clearly described? Yes No

If appropriate, were a variety of data collection and evaluation methods used? Yes No

Were data collected from more than one source? Yes No

Were qualitative and or quantitative data collected? Qualiative Quantitative Both

c) Interpretation of results

- N/A

Did the interpretation of the evaluation results flow logically and clearly from the analysis of the data? Yes No

Was attention given to negative and positive consequences, both intended and unintended?
Yes No

d) Impact

If an impact was shown, was it likely attributable to the program? Yes No

Were the program inputs, processes and outcomes clearly described or illustrated? If yes, indicate whether of not a logic model was used? Yes No

e) Principles for the evaluation of health promotion initiatives

Were health promotion principles (participation, capacity building, multiple methods and appropriateness) incorporated into the evaluation process? Yes No

8. Effectiveness

Did the program have a positive short or long term outcome? Yes No
Specify the outcomes and whether they were short and/or long term.

- No data to support
- Grade 7-9 kit most popular
- Teacher feedback says can pinpoint kids with low self-esteem
- Kit evaluations that came back from Manitoba class was positive
- Belief that doing something is better than doing nothing in meantime

9. Lessons Learned

Can conclusions be drawn from this project? Yes **No**

- No documents to conclude anything

Are lessons learned from this program (what worked and what didn't work?) Yes **No**

Does this program contain important lessons for other communities, health issues, etc.?
Yes No

- Within the theories behind the resource
- Borrowing versus buying kits
- New kits are modification of original

Does this program have a unique, but potentially promising feature(s)? **Yes** No

- Its use as a resource, the parental kit and its theoretical base

Would the findings be useful in guiding future policy development, health promotion program design, and/or health promotion practice? Yes No

- **Better if supported by evaluation**

Part 2: Does this program's evaluation provide evidence that the program has a positive impact on the intended target population (Framework steps 7-9) ? That is:

- **Was the evaluation appropriately designed? Did it use appropriate data collection and analytic methods? Did it describe the program inputs, processes, and outcomes?**
- **Did the program show success in achieving short or long term outcomes; OR did the program show promise with respect to theses outcomes?**
- **Were lessons learned from this program that would be useful in guiding future policy development, program design or health promotion practice?**

Overall rating of evaluation of effectiveness?

Weak ***Suggestive*** ***Acceptable*** ***Conclusive***

Appendix N: Framework for Analysis – Starburst
Health Promotion Evaluation Framework

Program Title: Starburst

Source of Evidence (documentation provided):
Pamphlet, evaluation report of 4 year pilot, interview with program contact, and focus group with six participants

Program Description (i.e. goals, target group, program components, program activities, program outcomes):

- Mission is to empower young women to develop a strong sense of self-worth, purpose and capacity through multifaceted school and community collaboration
- In collaboration with community-based agencies and Calgary Family Services Society, funded by United Way
- Target is grade seven girls with their commitment to stay in the program until grade nine
- Seven program components include: psycho-educational in-school programming (including guest educators and volunteering), family events, after-school and out of school recreational programming, mentoring, individual counseling and outreach
- Began in 1999 with four schools and four groups
- Offered through Calgary Board of Education
- Frequency of meetings depends on grade (once a week or 3 times per month)
- Key building blocks include positive peer experiences, positive relationships, self-awareness education, unique life experiences, and development of life skills
- Originated as pregnancy prevention program
- Continue to be guided by steering committee
- Selection process seeks girls who are sitting on the fence, who with extra support could do great things (but who have limited resources, family concerns, lack involvement

PART 1: HEALTH PROMOTION CHARACTERISTICS

1. Health Promotion Strategies

Check off which health promotion strategies were used in this program.

Five priority health promotion strategies are outlined in the Ottawa Charter for Health Promotion. These are:

☐_ 1. Building healthy public policy
☐X 2. Creating supportive environments
☐X 3. Strengthening community action
X 4. Developing personal skills
X☐5. Reorienting health services

2. Determinants of Health

Check off which determinants of health are addressed in this program.

☐X Income and social status	☐X Biology and genetic endowment
☐X Social support networks	☐X Personal health practices
☐X Education	☐X Healthy child development
☐_ Employment and working conditions	☐X Health services
☐X Social environments	☐X Gender
☐_ Physical environments	☐X Culture
☐ Other (please specify)_____	

Did the program focus go beyond individuals? **Yes** No

- Food availability, outreach, mentorship, volunteer, access

Was health addressed in the context of social and environmental factors? **Yes** No

3. Ecological Levels of Influence

f) Individual Characteristics

Check off which factors are addressed by this program.

_ Media Use and Attitudes	☐X Knowledge Gain
☐X Body Image	X Physical Activity
☐X Eating Attitudes and Behaviors	☐_Weight Control Behavior
☐X Puberty Development	☐X Gender
☐_ Personality Traits	☐X Sexual Orientation
☐_ Age	X Coping
☐X Emotional Well-Being	☐X Managing Stress
☐X Self-efficacy	☐X Respect for Diversity
X Decision-making	X Communication

What were the guiding strategies used to address each factor?

- Refer to seven program components listed in program description.

g) Familial and Peer Influences

Check off which factors are addressed by this program.

☐ Family Meals		X Peer Behavior/Peer Group Norms
☐ Media Use at Home	☐	_ Teasing and/or Bullying
☐ Parental Encouragement of Dieting	☐	_ Weight-talk
X Sexual/Physical Abuse		☐ Parental Weight and Body Image
X Home Food Availability		☐ Parental Styles and Behavior
X Family Relations		X Parental Role Modeling/Support
X Parental Component in Program		☐ Eating-out Practices
X Role Modeling		

What were the guiding strategies used to address each factor?

- Refer to seven program components

h) School and Other Institutional Factors

Check off which factors are addressed by this program.

☐ School Lunch Food		X Individual Counseling
☐ School Prevention Activities		☐ School Health Facilities
☐ School Vending Machines		X Extracurricular Activities
☐ Physical Education Program		☐ Weight-teasing Policies
☐ Staff Knowledge and Attitudes		☐ Educational Programs☐
X Referral Systems	☐	Other_____
X Outreach Activities		

What were the guiding strategies used to address each factor?

- Refer to seven program components

i) Community Factors

Check off which factors are addressed by this program.

☐ Teen-friendly Recreational Facilities	X Treatment and Prevention Services
☐ Fast-food Restaurants	☐ Supermarkets
☐ Access to Parks	☐ Walking and Bike Paths
☐ Community Safety	☐ Public Transportation
X Interactions between Community Members	X Access
☐ Youth Development Programs	

j) Societal Factors

Check off which factors are addressed by this program.

X Socio-cultural Norms for Ideal Body	X Gender Role Expectations
☐ Eating Out Norms	☐ Media Influences
☐ Weight Discrimination & Stigmatization	☐ Food Policies
☐ Portion Sizes	☐ Other_____
X Food Availability	

4. Youth Participation and Empowerment

Was evidence presented that youth have been actively involved in program planning (including identifying needs), and implementation? **Yes** No

- Provided feedback for future group programming
- In grade nine, participants have more opportunity to guide session topics and recreation

After implementation, did the youth have the opportunity to share information about the program on a regular basis? **Yes** No

- Extensive evaluation process in place (focus group and questionnaires)
- Input into future programs

Was the empowerment of youth a guiding principle of this program? **Yes** No

Was there a social action component to this program? Yes **No**

5. Current Knowledge

Is there evidence (i.e., other evaluations, published literature, theory, experience) presented to support the choice and effectiveness of the program activities? Yes No

- 20% of Canadian children experience some type of emotional or behavioral disturbance
- Program developed to address girls at higher risk, citing factors of poverty, low self-esteem, lack of success at school, lack of positive role models, family substance abuse, early pregnancy
- Successful programs of this kind help adolescents learn about sexuality, puberty and diet, addressing their risk factors, fostering improvement in positive activities,

focus on improving relationships with family, connect youth with role models and work to increase self-esteem

- Programs also require delivery over long period of time, experienced facilitators, intensive individual attention, supported by community wide collaborations, located in schools, engage peers and involve parents
- Based on cited inactivity of young women
- Literature shows that community intervention programs can prevent poor outcomes by increasing self-confidence, ability to get along with others and improving adolescents' basic orientation to life
- School selection based on school's high risk population and ability to accommodate school-based program, with healthy school climates contributing to prevention of negative behavior (many successful prevention models are located in schools)
- Great benefits of peer group-based delivery – adolescents are less inhibited to talk, depathologizes problems, opportunity to tap into their natural resiliency, more efficacious to deal with similar issues in group, build awareness of personal and relational experiences and awareness of cultural and societal factors that lead to connection and well being
- Youth who perceive themselves as contributing to society and are able to establish relationships outside of their family and friends are though to be less likely to experience mental health problems (related to volunteer component)
- Family and parental support is key in managing risk in adolescence fro youth with low support are less likely to participate in recreational activities and more likely to be at risk
- 2/3 of Canadian children are not active enough for optimal growth and development and are spending increasing amount of time doing sedentary activities (in particular, teenage girls)
- Extracurricular activities may enhance lives by expanding social networks, exposing them to new experiences, helping them acquire new skills and ultimately promoting mental and physical health and overall outlook
- Many high risk youth are not interested in competitive sports and prefer casual drop-in, pick-up games
- Role models/mentors can have positively adolescent life goals and expectations and aspirations for the future
- Component of successful intervention with adolescent girls includes home visits and crisis assistance to family
- Association between socio-cultural characteristics and high-risk behavior in adolescence
- Literature emphasizes importance of healthy self-concept in adolescence for it plays significant role in young person's resiliency
- Adolescent females report lower self-esteem than males
- Girls' self-esteem is lowest at 12 or 13, gradually increasing with burst at 16
- Youth need to be supported, guided, respected, cared for and loved, therefore need organizations and institutions to provide positive supportive environments

- Open dialogue and positive relationship between adolescents and parents can reduce risks – adolescence characterized by strained communication between girls and parents
- Role models outside family act as potential buffers for vulnerable children
- Peers represent critical component in influencing risk-taking behavior
- Youth with many friends experience fewer emotional problems than those isolated
- Direct link between normal adolescent development and their capacity for interpersonal relatedness
- Most promising strategies for developing positive self-esteem and decreased risk behavior is offering students to learn how to communicate their feelings to their peers, how to maintain control over their actions when challenged to engage in risk-taking behavior

If prior evaluations were conducted, were efforts made to modify the program according to the findings? **Yes** No

6.Community Capacity

Was the local context taken into account in the development of the program? **Yes** No

- High risk teens and their communities

Did the program build on local resources? **Yes** No

- Local community services and organizations involved in planning and ongoing participation

Was the program sustainable or did it have a sustained impact? **Yes** No

- Program's funding will allow it to run indefinitely
- The relationship between facilitator and participants is a strong connection that appears to go beyond program period

Did the program deliver the intended impact with a time frame that was appropriate to the needs of the target population? **Yes** No

Part 1: Does this program exemplify health promotion principles and practice (framework steps 1-6)? That is:

- Was one or more than one Ottawa Charter Strategy used in this program?
- Were appropriate population determinants of health addressed?
- Was more than one level of the ecological model addressed?
- Was the program directed towards increasing community/youth control over the determinants of health?
- Was the program based on current knowledge regarding appropriateness and effectiveness?

➢ Did the program make effective use of available resources?

Overall rating: ***very weak*** ***weak*** ***fair*** ***strong*** ***very strong***

General comments on the health promotion characteristics and strengths of this program:

- Extensive parental component (family events and ongoing support from staff)
- Multi-dimensional, long-term and comprehensive
- Outreach services (crisis and basic needs support and referrals)
- Peer group based program delivery
- Evaluation was implemented to ensure program accountability and informed approach to service delivery
- Strong base in literature
- Truly supporting environment
- Addresses "access" in providing free activities, facilities, services and transportation
- Comprehensive and well documented evaluation
- Fun and activity based
- Developed from various collaborations within community, United Way, health regions, City of Calgary, recreation and schools
- Originated as pregnancy prevention but broad approach encompasses many issues young women face and also risk behaviors (through increasing self-esteem and providing opportunities)
- Guided by steering committee, bringing different perspectives
- Strong and supportive school involvement
- Partner to school versus school board employee
- Use of peer mentors
- Secure, indefinite funding
- Wide range of topics covered
- Guided by teachable moments
- Facilitator goes above and beyond call of duty, really connecting to girls
- Family events are inclusive to anyone girl identifies as family (with unique addition of girls-only family events)
- Creates link with community resources to enable girls to access
- Girls feel respected and able to express themselves openly and appreciate this environment

PART 2: EVALUATION OF EFFECTIVENESS

7. Evaluation Process

Did the program provide evaluation data for the document review? **Yes** No

- Synergy Research Group, December 2002 (3 interim reports produced but not available)

a) Evaluation design

Were the program goals and objectives clear and appropriate to the scope of the program? **Yes** No

Were the evaluation goals clear and appropriate to the scope of the program? **Yes** No

Could the evaluation design answer the evaluation questions? **Yes** No

Does the evaluation refer to short and/or long term indicators? **Yes** No

- See report pg.9
- Provided initial, short-term and intermediate outcomes, indicators, measurement tools and administration

b) Data collection methods

Were data collection methods clearly described? **Yes** No

- Girls received tests 4 times (prior and every subsequent September)
- Interviews and focus groups twice

If appropriate, were a variety of data collection and evaluation methods used? **Yes** No

- Focus groups, questionnaires and interviews

Were data collected from more than one source? **Yes** No

- Students (focus groups, questionnaires), principals, school reps, educators involved (interviews)

Were qualitative and or quantitative data collected? Qualiative Quantitative **Both**

c) Interpretation of results

Did the interpretation of the evaluation results flow logically and clearly from the analysis of the data? **Yes** No

Was attention given to negative and positive consequences, both intended and unintended?
Yes No

d) Impact

If an impact was shown, was it likely attributable to the program? **Yes** No

- Overall positive impact, especially with relationship with role models, peers, self-esteem, relationship with mother (parent feedback)

Were the program inputs, processes and outcomes clearly described or illustrated? If yes, indicate whether of not a logic model was used? **Yes** No

- See figure 1 in report p.7

e) Principles for the evaluation of health promotion initiatives

Were health promotion principles (participation, capacity building, multiple methods and appropriateness) incorporated into the evaluation process? **Yes** No

10. Effectiveness

Did the program have a positive short or long-term outcome? **Yes** No **Both**
Specify the outcomes and whether they were short and/or long term.

- Long-term – graduate from high school, agencies are positively impacted, and student involvement in risk behavior in below that of peers
- Intermediate – self concept is maintained at or above normative population, involvement in positive activities is improved or maintained, positive relationship with significant adults improved or are maintained, involvement in risk behavior is below peers
- Short-term – demonstrates higher level of knowledge than peers on issues related to healthy lifestyle and risk behavior, relationship with peers improved
- Initial – establish positive connections with Starburst peers, attend program for 2-3 year duration
- Outputs – demographics (attendance, matched with mentors, receive counseling, type of referrals, attendance at family events)
- High participation rate (80% for 2-3 years)
- Half matched with mentor
- Counseling services to 37% of students and 7 % parents

11. Lessons Learned

Are lessons learned from this program (what worked and what didn't work?) **Yes** No

- Mentoring services valuable

Does this program contain important lessons for other communities, health issues, etc.?
Yes No

- Multiple inter-related problems and develop needs of female adolescent require long-term, comprehensive, year-round, multidimensional focus on entire families
- Full participation for 3 years appeared to produce better results than partial participation
- School-based service delivery is essential as it contributed to regular participation, helped address student and school related issues as they arose, facilitated accessibility to program and benefited non-group and school in general
- Can assist others interested in developing male programming
- Efforts to reach out to diverse communities

- Positive engagement with families contributed to better student outcomes – family events monitored to ensure parents didn't feel judged or threatened
- Higher levels outcomes like self-esteem will not be met unless crisis requirements are addressed (i.e. free services, outreach)
- Guest educators contributed to student enhanced knowledge of topics – increased comfort level in accessing these agencies when need help
- Life experiences from recreational opportunities wouldn't have been available otherwise
- Mentoring builds long-term, supportive relationships and provides positive female role models
- Importance of counseling to help de-escalate issues and prevent downward spiral

Does this program have a unique, but potentially promising feature(s)? **Yes** No

- Within school hours
- Long-term comprehensive program
- Family events
- Individual counseling and outreach support
- Volunteer component

Part 2: Does this program's evaluation provide evidence that the program has a positive impact on the intended target population (Framework steps 7-9) ? That is:

- Was the evaluation appropriately designed? Did it use appropriate data collection and analytic methods? Did it describe the program inputs, processes, and outcomes?
- Did the program show success in achieving short or long term outcomes; OR did the program show promise with respect to theses outcomes?
- Were lessons learned from this program that would be useful in guiding future policy development, program design or health promotion practice?

Overall rating of evaluation of effectiveness?

Weak Suggestive Acceptable Conclusive

General comments on the evaluation of the effectiveness of this program:
Stated limitations – used applied evaluation approach (versus experimental b/c not feasible), therefore can not conclude program directly caused changes demonstrated, only one questionnaire was standardized (reliability and validity can not be concluded), small sample size of girls who participated full 3 years (therefore no statistical analysis)

Appendix O: Framework for Analysis – Girl Zone
Health Promotion Evaluation Framework

Program Title: Girl Zone

Source of Evidence (documentation provided):

- Assessment of program and introduction and evaluation questionnaires, interview with program contact, information package, session guidelines, in-service outlines and evaluation results

Program Description (i.e. goals, target group, program components, program activities, program outcomes):

- Goals are to provide safe and supportive environment for girls to have positive fun, provide a free opportunity, encourage girls to pursue healthy, active lifestyles, to expand the physical and recreational experiences of adolescent girls, to include skill development in their learning, to ensure quality leadership, to build girls self-esteem (through discussion and opportunities), to provide exposure to positive female role models, empower girls to set their own goals and take control of searching out their own healthy opportunities, to link girls to new social groups and resources
- An integrated project of community services using strengths of recreational programming and social work practice
- Target girls aged 12-16
- Purpose is to provide opportunities to explore issues around peer relationships, body image and self-esteem through activities focused on leisure education, leadership and life skill development
- Important intention is for girls to have fun
- Runs for 10 weeks, once a week for 2 hours, located in both school and community, held after-school
- 2 leaders responsible for providing mix of physical and social activities
- Leaders have 2 types of training – to improve recreation skills and working with teenage girls and group facilitation skill development
- Each group has assigned social worker
- Guest speakers periodically, depending on theme
- Sessions include a main theme, physical activity component, snack and check-in time (with a long list of themes)
- Preventive program

PART 1: HEALTH PROMOTION CHARACTERISTICS

1. Health Promotion Strategies

Check off which health promotion strategies were used in this program.

Five priority health promotion strategies are outlined in the Ottawa Charter for Health Promotion. These are:

- X 1. Building healthy public policy
- X 2. Creating supportive environments
- X 3. Strengthening community action
- X 4. Developing personal skills
- _ 5. Reorienting health services

2. Determinants of Health

Check off which determinants of health are addressed in this program.

- _ Income and social status
- X Social support networks
- X Education
- _ Employment and working conditions
- X Social environments
- _ Physical environments
- _ Other (please specify)_____
- _ Biology and genetic endowment
- X Personal health practices
- _ Healthy child development
- _ Health services
- X Gender
- X Culture

Did the program focus go beyond individuals? **Yes** No

Was health addressed in the context of social and environmental factors? **Yes** No

- Media influences, gender, socio-cultural norms

3. Ecological Levels of Influence

a) Individual Characteristics

Check off which factors are addressed by this program.

- _ Media Use and Attitudes
- X Body Image
- X Eating Attitudes and Behaviors
- _ Puberty Development
- _ Personality Traits
- X Age
- X Emotional Well-Being
- X Self-efficacy
- X Communication
- _ Other_____
- X Knowledge Gain
- X Physical Activity
- _ Weight Control Behavior
- X Gender
- _ Sexual Orientation
- X Coping
- _ Managing Stress
- _ Social Action
- X Respect for Diversity
- X Decision-making Skills

What were the guiding strategies used to address each factor?

- Discussion and activities in after-school sessions

b) Familial and Peer Influences

Check off which factors are addressed by this program.

_☐ Family Meals	X☐ Peer Beh/Peer Group Norms
_☐ Media Use at Home	_ Teasing and/or Bullying
_☐ Parental Encouragement of Dieting	_ Weight-talk
_☐ Sexual/Physical Abuse	_☐ Parental Weight and Body Image
_☐ Home Food Availability	_☐ Parental Styles and Behavior
_☐ Family Relations	_☐ Parental Role Modeling/Support
_☐ Parental Component in Program	_☐ Eating-out Practices
_☐ Other_____	

What were the guiding strategies used to address each factor?

- Discussion and activities and role modeled behavior and group rules

c) School and Other Institutional Factors

Check off which factors are addressed by this program.

☐ School Lunch Food	☐ Individual Counseling
☐ School Prevention Activities	☐ School Health Facilities
☐ School Vending Machines	☐ Extracurricular Activities
☐ Physical Education Program	☐ Weight-teasing Policies
☐ Staff Knowledge and Attitudes	☐ Educational Programs☐
Referral Systems ☐	Other_____
☐ Outreach Activities	

d) Community Factors

Check off which factors are addressed by this program.

☐ Teen-friendly Recreational Facilities	☐ Treatment and Prevention Services
☐ Fast-food Restaurants	☐ Supermarkets
☐ Access to Parks	☐ Walking and Bike Paths
☐ Community Safety	☐ Public Transportation
☐ Interactions between Community Members	☐ Other_____
☐ Youth Development Programs	

e) Societal Factors

Check off which factors are addressed by this program.

X☐ Socio-cultural Norms for Ideal Body	X☐ Gender Role Expectations
_☐ Eating Out Norms	X☐ Media Influences
_☐ Weight Discrimination & Stigmatization	_☐ Food Policies
_☐ Portion Sizes	_☐ Other_____
_☐ Food Availability	

4. Youth Participation and Empowerment

Was evidence presented that youth have been actively involved in program planning (including identifying needs), and implementation? Yes **No**

- But social worker really keen on creating program based on needs of girls
- Leaders apparently ask girls at the beginning of session and program accordingly

After implementation, did the youth have the opportunity to share information about the program on a regular basis? Yes **No**

- Not supported by documentation

Was the empowerment of youth a guiding principle of this program? **Yes** No

- All based on their self-esteem and confidence building through new experiences and discussion

Was there a social action component to this program? Yes **No**

5. Current Knowledge

Is there evidence (i.e., other evaluations, published literature, theory, experience) presented to support the choice and effectiveness of the program activities? **Yes** No

- Group work is more effective than individual work in working with adolescents
- Girls' self-esteem decreases as they enter adolescents
- Low self-esteem linked to dangerous dieting and eating disorders, depression, pregnancy, STI's, physical and sexual abuse, feelings of inadequacy, poor academic performance, lowered career aspirations, negative risk taking, smoking and bullying other girls
- Because self-esteem plummets, girls group hopes to 'shake it up' and by talking about issues, hope to have fewer women who feel they aren't worthwhile
- Idea of using food to feed emotion and therefore have to work with feelings and how to express them

If prior evaluations were conducted, were efforts made to modify the program according to the findings? **Yes** No

- Small report/assessment made project planners and coordinators re-think their deign and changes were made based on this (revamped goals and objectives)

1. Community Capacity

Was the local context taken into account in the development of the program? **Yes** No

- Not a pre-registered program – girls can drop in and out whenever they want
- Program takes place after school within same school girls attend
- Program within community is apparently walking distance

Did the program build on local resources? **Yes** No

- School facilities used or local community hall
- Assistance of school administration to implement and advertise

Was the program sustainable or did it have a sustained impact? Yes No

- Hard for a 10 week, once a week program
- Evaluation doesn't indicate
- Sustained impact would perhaps come with positive role modeling

Did the program deliver the intended impact with a time frame that was appropriate to the needs of the target population? Yes No

- Not sure with limited evaluation

Part 1: Does this program exemplify health promotion principles and practice (framework steps 1-6)? That is:

- Was one or more than one Ottawa Charter Strategy used in this program?
- Were appropriate population determinants of health addressed?
- Was more than one level of the ecological model addressed?
- Was the program directed towards increasing community/youth control over the determinants of health?
- Was the program based on current knowledge regarding appropriateness and effectiveness?
- Did the program make effective use of available resources?

Overall rating: *very weak* *weak* ***fair*** ***strong*** *very strong*

General comments on the health promotion characteristics and strengths of this program:

- Integrating strengths of recreation programming and social work practice
- Important point is for girls to have fun
- Strength in facilitating activities that naturally get girls talking
- Drop in versus registered program
- Aware of logistical realities (i.e. offering it at different times depending on grade level)

- Modify and refine sessions based on unique personalities and group dynamics
- Girls able to really connect with each other
- Aware of different learning styles of girls
- Aim to provide new experiences for girls (physical activity wise)
- Taking feedback from evaluator (although tentative findings) to future programming and evaluation
- Whole idea and purpose based around the positive role modeling they get from the leaders – giving them alternative ways to critically look at the world
- Taking advantage of teachable moments within sessions
- Looking to branch out in terms of cultural community relevance (i.e. Muslim community)
- Girls programming provides girls opportunity to talk about themselves and bring themselves together – enhance self-esteem (or at least try to counteract society)
- Acknowledging feelings for what they are and it's okay to be 'angry'

7. Evaluation Process

Did the program provide evaluation data for the document review? **Yes** No

- Tentative first draft assessment
- Pre and post questionnaire data (recreation activities interest, participation and access, media use, self care)

a) Evaluation design

Were the program goals and objectives clear and appropriate to the scope of the program? **Yes** No

- Second set of objectives are a modified set of original (on first page of framework)

Were the evaluation goals clear and appropriate to the scope of the program? Yes No

- Original set included increasing positive self-perception, learning components of healthy identity and understanding healthy relationships
- Within these goals, specific operational parameters were developed with social workers, community recreation consultants and program leaders

Could the evaluation design answer the evaluation questions? Yes **No**

- Because report limited to leaders' opinion and not girls
- Leaders perceptions of how girls were being reached
- Original goals were vague and were difficult to measure to begin with
- Nothing seems to have been done with pre and post questionnaires

Does the evaluation refer to **short** and/or long term indicators? Yes No

- Focused on how program reaches goals, not about impact of program on girls

b) Data collection methods

Were data collection methods clearly described? **Yes** No

- Based on 6 interviews with two of leaders
- Pre and post questionnaires from 3 schools

If appropriate, were a variety of data collection and evaluation methods used? Yes **No**

- Unable to observe groups
- Small number of interviews and limited sample

Were data collected from more than one source? Yes **No**

- Just two leaders for interviews
- Question reliability of pre and post and what can be inferred

Were qualitative and or quantitative data collected? Qualiative Quantitative **Both**

c) Interpretation of results

Did the interpretation of the evaluation results flow logically and clearly from the analysis of the data? Yes **No**

- Results are tentative because methods were limited

Was attention given to negative and positive consequences, both intended and unintended?

Yes No

- Although tentative
- Building social relationships takes time and therefore concern with only 10 week duration
- Concern over space used (drama room)
- Recreation/leisure not fully integrated with social work aspect
- Need for more careful awareness of guest presentations
- Importance of assessment
- Deeper discussion intended to happen during sharing sessions and during snacks
- Have to carefully select presenters
- Need to integrate recreation into girls lives
- Leaders had strong interpersonal and group leadership skills

d) Impact

If an impact was shown, was it likely attributable to the program? Yes No

- Not clear

Were the program inputs, processes and outcomes clearly described or illustrated? If yes, indicate whether of not a logic model was used? Yes **No**

e) Principles for the evaluation of health promotion initiatives

Were health promotion principles (participation, capacity building, multiple methods and appropriateness) incorporated into the evaluation process? Yes **No**

8. Effectiveness

Did the program have a positive short or long term outcome? Yes No
Specify the outcomes and whether they were short and/or long term.

- Difficult to conclude from data provided, but from observations and interview, it suggests that girls benefit from participation (even if it's just in having opportunity to try new things and have positive role models once a week)

9. Lessons Learned

Can conclusions be drawn from this project? Yes No

- Conclusions about importance of evaluations
- Conclusions about benefit/need for girls programming

Are lessons learned from this program (what worked and what didn't work?) **Yes** No

- It's an ongoing process – modifying sessions based on experiences
- Huge need/interest in truly knowing what works and what doesn't because now large part based on instincts and experiences and ideas
- Real desire to impact positively on girls' lives so would love to have best practices to go by

Does this program contain important lessons for other communities, health issues, etc.?
Yes No

- In program limitations, this can be lessons for others, although not explicitly reported

Does this program have a unique, but potentially promising feature(s)? **Yes** No

- Positive female role models taking time to participate and share
- Integration of both social work and recreation

Part 2: Does this program's evaluation provide evidence that the program has a positive impact on the intended target population (Framework steps 7-9) ? That is:

- Was the evaluation appropriately designed? Did it use appropriate data collection and analytic methods? Did it describe the program inputs, processes, and outcomes?
- Did the program show success in achieving short or long term outcomes; OR did the program show promise with respect to theses outcomes?
- Were lessons learned from this program that would be useful in guiding future policy development, program design or health promotion practice?

Overall rating of evaluation of effectiveness?

Weak Suggestive ***Acceptable*** ***Conclusive***

General comments on the evaluation of the effectiveness of this program:

- Question how positive self-image is equal to verbal contribution and how this is linked
- No evaluation in report regarding impact of program
- Evaluator felt that there's only so much can do in 10 weeks – original goals too broad and difficult to measure, therefore need to consider narrowing
- Pre and post tests seem inconclusive